FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

APPROVED AND FILED
95 MAY -1 PM 5:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000015467 (1)

1. Corporation Name
INNOVATIVE BENEFIT CONSULTANTS, INC.

Principal Place of Business
930 WEXFORD LEAS BLVD.
PALM HARBOR FL 34683

Mailing Address
930 WEXFORD LEAS BLVD.
PALM HARBOR FL 34683

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/23/1994
3a. Date of Last Report:
4. FEI Number: 59-3225919 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032 Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business / 2a. Mailing Address: (blank)

9. Name and Address of Current Registered Agent
WATSON, KIMBERLY A
930 WEXFORD LEAS BLVD.
PALM HARBOR FL 34683

10. Name and Address of New Registered Agent
Name: Smitty Smith
Street Address (P.O. Box Number is Not Acceptable): 3802 Ehrlich Road, Suite 210
City: Tampa FL Zip Code: 33624

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE: [signature] 4/24/95

12. OFFICERS AND DIRECTORS
TITLE: DPST
NAME: WATSON, KIMBERLY A
STREET ADDRESS: 930 WEXFORD LEAS BLVD.
CITY-ST-ZIP: PALM HARBOR FL 34683

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
(blank — ☐ Change ☐ Addition)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] 4/29/95 (813) 781-5388
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Daytime Phone #

0366152 CP