FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
96 SEP 26 AM 7:52
SECRETARY OF STATE
TALLAHASSEE

DOCUMENT # **P94000018898 (4)**

1. Corporation Name

BENCHMARK INSURANCE AGENCY, INC.

Principal Place of Business
ONE SPENCER ST
~~2400 N. PONCE DE LEON BLVD.~~
ST. AUGUSTINE FL ~~32084~~ 32095

Mailing Address
ONE SPENCER ST
~~2400 N. PONCE DE LEON BLVD.~~
ST. AUGUSTINE FL ~~32084~~ 32095

3. Date Incorporated or Qualified: 03/07/1994
3a. Date of Last Report: 07/25/1995

2. Principal Place of Business (21): Suite, Apt #, etc. (22): City & State (23): Zip (24): Country (25)

2a. Mailing Address (26): Suite, Apt #, etc. (27): City & State (28): Zip (29): Country (30)

4. FEI Number: 59-3230814 ☐ 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

9. Name and Address of Current Registered Agent

WILSON, ELLEN P
2400 N. PONCE DE LEON BLVD. ONE SPENCER ST
ST. AUGUSTINE FL ~~32084~~ 32095

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): ONE SPENCER ST
83
84 City: ST AUGUSTINE FL 85 Zip Code: 32095

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 _____ DATE _____
Signature, Typed or Printed Name of Registered Agent and Title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1 TITLE	PTS	☐ DELETE	1.1 TITLE		☒ Change ☐ Addition
NAME	WILSON, ELLEN		1.2 NAME		
STREET ADDRESS	2400 N PONCE DE LEON BLVD		1.3 STREET ADDRESS	ONE SPENCER ST	
CITY-ST-ZIP	ST AUGUSTINE FL		1.4 CITY-ST-ZIP	ST AUGUSTINE FL 32095	
2 TITLE		☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2.4 CITY-ST-ZIP		
3 TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
4 TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
5 TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
6 TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

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-10/15/96--01193--004
****225.00 ****225.00

BENC400 320842229 1895 01/17/96
NOTIFY SENDER OF NEW ADDRESS
BENCHMARK INSURANCE
1 SPENCER ST
SAINT AUGUSTINE FL 32095-4134

A/R filed Date
Due to mailing error.
MWB
10-14-96

CR2E034 (12/95)

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)(k), 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: Ellen Wilson 4/10/96 904-829-2296
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #