FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY -1 AM 9:58

DOCUMENT # **P94000034214 (4)**

1. Corporation Name

BANK BENEFIT CONSULTANTS, INC.

Principal Place of Business	Mailing Address
~~9961 ATLANTIC BLVD 317-5~~ ~~JACKSONVILLE FL 32225~~ 447 Atlantic Blvd Suite 4 Atlantic Beach, FL 32233	~~9961 ATLANTIC BLVD 317-5~~ ~~JACKSONVILLE FL 32225~~ 447 Atlantic Blvd Suite 4 Atlantic Beach FL 32233

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/04/1994	3a. Date of Last Report
4. FEI Number: 59-3242181	☐ 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/will have intangible tax under § 199.032, Florida Statutes ☐ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt #, etc. 22	Suite, Apt #, etc. 27
City & State 23	City & State 28
Zip 24 / County 25	Zip 29 / County 30

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CARTA, STEVEN 1619 JACKSON ST FT MYERS FL 33901	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code

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, typed or printed name of registered agent and title if agent is a corporation) (NOTE: Registered Agent's signature required when mandatory) (DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☐ Change ☐ Addition
NAME	JONES, ROBERT T SR	12 NAME	
STREET ADDRESS	1913 SELVA BLVD W	13 STREET ADDRESS	
CITY ST ZIP	ATLANTIC BEACH FL 32233	14 CITY ST ZIP	
TITLE	D	21 TITLE	☒ Change ☐ Addition
NAME	PYATT, WILLIAM P	22 NAME	DELETE
STREET ADDRESS	8210 HIDDEN LAKE DR S	23 STREET ADDRESS	
CITY ST ZIP	JACKSONVILLE FL 32216	24 CITY ST ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	JONES, WINONA N	32 NAME	
STREET ADDRESS	1913 SELVA BLVD W	33 STREET ADDRESS	
CITY ST ZIP	ATLANTIC BEACH FL 32233	34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☑ Addition
NAME		42 NAME	Addition
STREET ADDRESS		43 STREET ADDRESS	Donna E. Edenfield VP
CITY ST ZIP		44 CITY ST ZIP	2279 Seminole Rd
TITLE		51 TITLE	Atlantic Beach, FL 32233 ☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	REMITTED BY MAY 1
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

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 the 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: Robert T. Jones Sr. Pres. 4-17-95 904 249-1189

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0018406 CP