

FILE NOW: FILING FEE AFTER MAY 1 IS \$25.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000083346 (4)

1. Corporation Name

ADD BENEFITS, INC.



Principal Place of Business

3732 WINDBER BLVD
PALM HARBOR FL 34685

Mailing Address

3732 WINDBER BLVD
PALM HARBOR FL 34685

2. Principal Place of Business

2a. Mailing Address

21 3135 S.R. 580
Suite, Apt. #, etc.

26 3135 S.R. 580
Suite, Apt. #, etc.

22 SUITE 7

27 SUITE 7

City & State

City & State

23 SAFETY Harbor FL

28 SAFETY Harbor FL

Zip

Zip

24 34695

29 34695

Country
PINELLAS

Country
PINELLAS

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified
11/10/1994

3a. Date of Last Report
04/24/1995

4. FEI Number

59-3279431

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

10. Name and Address of New Registered Agent

DARNELL, ALAN D
3732 WINDBER BLVD
PALM HARBOR FL 34685

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 applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
DP
DARNELL, ALAN D
3732 WINDBER BLVD
PALM HARBOR FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
TS
DARNELL, PATRICIA
3732 WINDBER BLVD
PALM HARBOR FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

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CITY- ST- ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY- ST- ZIP

DARNELL

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY- ST- ZIP

DARNELL

☒ Change ☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY- ST- ZIP

☐ Change ☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY- ST- ZIP

☐ Change ☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY- ST- ZIP

☐ Change ☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY- ST- ZIP

☐ 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)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-24-96

813-669-2311

Date

Daytime Phone #

CR2E034 (12/95)