

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P95000092978 (2)

1. Corporation Name

THORSEN - BRYANT BENEFITS GROUP, INC.



Principal Place of Business

Mailing Address

5617 N.W. 45 DRIVE  
GAINESVILLE FL 32653

5617 N.W. 45 DRIVE  
GAINESVILLE FL 32653

2. Principal Place of Business

2a. Mailing Address

21 7208 SAND LAKE ROAD

26 7208 SAND LAKE RD

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 207

27 207

City & State

City & State

23 ORLANDO, FL

28 ORLANDO, FL

Zip

Zip

24 32819

25 USA

29 32819

30 USA

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

12/04/1995

3a. Date of Last Report

N/A

4. FEI Number

59-3347756

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

BRYANT, J. WILEY  
5617 N.W. 45 DRIVE  
GAINESVILLE FL 32653

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

Martin P. Thorsen (MARTIN P. THORSEN)

2/27/96

Signature, typed or printed name of registered agent and title (if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

D BRYANT, J. WILEY  
5617 N.W. 45 DRIVE  
GAINESVILLE FL 32653

TITLE ☐ DELETE

D THORSEN, MARTIN P  
3490 NEWPORT BAY DRIVE  
ALPHARETTA GA 30202

TITLE ☐ DELETE

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 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)(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:

Martin P. Thorsen (MARTIN P. THORSEN)

2/27/96

(407)

363-2915

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)