

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Jun 04 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P95000096775 (8)

1. Corporation Name

ASSOCIATION BENEFITS SOLUTIONS, INC.



Principal Place of Business

1949 RAYMOND DIEHL ROAD
SUITE D
TALLAHASSEE FL 32308

Mailing Address

1949 RAYMOND DIEHL ROAD
SUITE D
TALLAHASSEE FL 32308

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/22/1995

4. FEI Number

59-3362079

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 owes or has paid the current year Intangible
Personal Property Tax due June 30.

☒ Yes

☐ No

2. Principal Place of Business

21 3055 E-Golden Eagle Dr.

Suite, Apt. #, etc.

2a. Mailing Address

26 P.O. Box 13908

Suite, Apt. #, etc.

City & State

23 Tallahassee, Florida

Zip

24 323073908

Country

25 Leon

City & State

27

Zip

28

Country

30

9. Name and Address of Current Registered Agent

TUTEN, JAMES T
1949 RAYMOND DIEHL ROAD
SUITE D
TALLAHASSEE FL 32308

10. Name and Address of New Registered Agent

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's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
MULLINAX, ROBERT E
3246 DUNGARVIN DRIVE
TALLAHASSEE FL 32308

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
ARTHUR, TERRY
3338 BARROW HILL TRAIL
TALLAHASSEE FL 32312

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
BUCHANAN, MARY WELLS
ROUTE 4, BOX 2014
MADISON FL 32340

☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
CARMINE PETRIZZO, WILLIAM
123 MILL BRANCH ROAD
TALLAHASSEE FL 32312

☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
TUTEN, JAMES T
3129 CABOT ROAD
TALLAHASSEE FL 32312

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
HUTTO, MICHAEL H
5607 GROVE VALLEY COURT
TALLAHASSEE FL

☒ DELETE

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 hereby certify that the information supplied with this filing 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

Robert Mullinax

James Tuten

CR2E034 (10/97)