

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 23, 1999 8:00 am  
Secretary of State

04-23-1999 90094 027 \*\*\*150.00

DOCUMENT # P97000007885

1. Corporation Name

FOX BENEFITS CONSULTANTS, INC.

Principal Place of Business

3001 ALOMA AVENUE  
SUITE 116  
WINTER PARK FL 32792

Mailing Address

3001 ALOMA AVENUE  
SUITE 116  
WINTER PARK FL 32792

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/27/1997

4. FEI Number

59-3436247

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 the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

RENNARD, BARBARA V  
3001 ALOMA AVE.  
SUITE 116  
WINTER PARK FL 32792

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

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE

NAME RENNARD, BARBARA  
STREET ADDRESS 1409 ALLISON AVE.  
CITY-ST-ZIP ALTAMONTE SPRINGS FL 32701

1.1 TITLE ☐ Change ☐ Addition

TITLE VPD ☐ DELETE

NAME RENNARD, KIRSTEN M  
STREET ADDRESS 430 FOREST WAY CIRCLE #105  
CITY-ST-ZIP ALTAMONTE SPRINGS FL 32701

2.1 TITLE ☐ Change ☐ Addition

TITLE STD ☐ DELETE

NAME RENNARD, SAMUEL K  
STREET ADDRESS 430 FOREST WAY CIRCLE #105  
CITY-ST-ZIP ALTAMONTE SPRINGS FL 32701

3.1 TITLE ☐ Change ☐ Addition

TITLE D ☐ DELETE

NAME RENNARD, WILLIAM S  
STREET ADDRESS 1409 ALLISON AVE.  
CITY-ST-ZIP ALTAMONTE SPRINGS FL 32701

4.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)