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06-01-1999 90010 032 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999

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

DOCUMENT # P97000010791

1. Corporation Name: Atlantic Benefit Consulting, Inc

Principal Place of Business: Suite 2901 One Independent Dr Jacksonville, Fl. 32202

Mailing Address: Same As Pl. Bus.

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 1-30-97

4. FEI Number: 59-3443615 — 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 — 21 Suite, Apt. # etc. — City & State — 23 Zip — Country — 25

2a. Mailing Address — 26 — 27 Suite, Apt. #, etc. — City & State — 28 Zip — 29 Country — 30

9. Name and Address of Current Registered Agent

John H. Wilbur, Jr.
~~1300 Riverplace Blvd. Ste 102~~
~~Jacksonville, Fl. 32207~~

10. Name and Address of New Registered Agent

81 Name: Sean K. Taylor
82 Street Address (P.O. Box Number is Not Acceptable): One Independent Dr.
83 Suite 2901
84 City: Jacksonville FL 85 Zip Code: 32202

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: S.K.T. (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)

DATE: 4/28/99

12. OFFICERS AND DIRECTORS

TITLE	D — ☐ DELETE
NAME	John H. Wilbur, Jr
STREET ADDRESS	One Independent Dr. Ste 2901
CITY-ST-ZIP	Jacksonville Fl 32202
TITLE	D — ☐ DELETE
NAME	Sean K. Taylor
STREET ADDRESS	One Independent Dr. Ste 2901
CITY-ST-ZIP	Jacksonville Fl 32202
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☐ Change ☐ Addition
2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐ 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	

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.

CR2E034 (11/98)