

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

0074431

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

FILED

98 JUL 29 PM 12:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # **P97000052614 (9)**

1. Corporation Name

FLORIDA BENEFIT PLANS, INC.

Principal Place of Business

**215 CIRCLE WEST
JUPITER FL 33458**

Mailing Address

**215 CIRCLE WEST
JUPITER FL 33458**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 317 Dorchester

Suite, Apt. #, etc.

22

City & State

23 Port Charlotte, FL

Zip

24 33954

Country

25 USA

2a. Mailing Address

26 317 Dorchester

Suite, Apt. #, etc.

27

City & State

28 Port Charlotte, FL

Zip

29 33954

Country

30 USA

3. Date Incorporated or Qualified

06/13/1997

4. FEI Number
65-0773170

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

9. Name and Address of Current Registered Agent

**ANDERSON, KATHY S
215 CIRCLE WEST
JUPITER FL 33458**

10. Name and Address of New Registered Agent

81 Name Shelly Anderson

82 Street Address (P.O. Box Number is Not Acceptable)

317 Dorchester

83

84 City

Port Charlotte

FL

**85 Zip Code
33954**

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

July 20, 98

12. OFFICERS AND DIRECTORS

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

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 ☐ Change ☒ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

**P
Thomas G. Naumann
8225 W. Center St.
Milwaukee, WI 53222**

2.1 TITLE ☐ Change ☒ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

**S
Kathy Anderson
2117 N. 84th Street
Wauwatosa, WI 53226**

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

**200002608432--5
-08/05/98--01101--021
***150.00 ***150.00**

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

7/17/98

414-789-1550

CR2E034 (5/98)



FLORIDA BENEFIT PLANS, INC.

Affiliate Company of Benefit Plans of Wisconsin Inc.

July 17, 1998

Florida Department of State
Division of Corporations
Director's Office
P.O. Box 1500
Tallahassee, FL 32302-1500

Dear Sir/Madam:

This letter is to follow up on our July 17th, 1998, telephone conversation in which we discussed only receiving a 2nd Notice to complete the 1998 State of Florida Annual report. Admittedly, we moved to the address indicated on the 2nd Notice form.

Enclosed please find a check in the amount of \$150.00 representing the required filing fee which is being sent directly to your office as requested. We thank you for your understanding and cooperation in this matter.

Sincerely,

Thomas G. Naumann
President

TGN/df

encl.

New Address: 317 Dorchester
Port Charlotte, FL 33954