

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
Mar 16, 1999 8:00 am
Secretary of State

03-16-1999 90107 026 ***150.00

DOCUMENT # P98000051240

1. Corporation Name

SENIOR BENEFITS OF FLORIDA, INC.

Principal Place of Business

101 HARRISON AVENUE
PANAMA CITY FL 32401

Mailing Address

101 HARRISON AVENUE
PANAMA CITY FL 32401

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/09/1998

4. FEI Number

59-3516584

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

213 Harrison Ave, Panama

2a. Mailing Address

213 Harrison Ave

Suite, Apt. #, etc.

22 Suite 2

Suite, Apt. #, etc.

27 Suite 2

City & State

23 Panama City FL

City & State

28 Panama City FL

Zip

24 32401

Country

25 USA

Zip

29 32401

Country

30 USA

9. Name and Address of Current Registered Agent

HAMM, GERALD ESQ.
1007 JENKS AVENUE
PANAMA CITY FL 32401

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 signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

11 TITLE Pres.
12 NAME Scott O'Bryan
13 STREET ADDRESS 403 Park Plaza Dr.
14 CITY-ST-ZIP Owensboro, Ky 42301

21 TITLE Vice President
22 NAME Bradley Anderson
23 STREET ADDRESS 403 Park Plaza Dr.
24 CITY-ST-ZIP Owensboro, Ky 42301

31 TITLE Sec. Treas.
32 NAME Lott W. Middlemas III
33 STREET ADDRESS 101 Harrison Ave.
34 CITY-ST-ZIP Panama City, FL 32401

41 TITLE Director
42 NAME John Robert Middlemas, Jr.
43 STREET ADDRESS 101 Harrison Ave, Panama City, FL
44 CITY-ST-ZIP

51 TITLE Director
52 NAME Eric Anderson
53 STREET ADDRESS 2720 Frederica St, Owensboro, Ky
54 CITY-ST-ZIP 42301

61 TITLE Director
62 NAME Todd Anderson
63 STREET ADDRESS 2720 Frederica St, Owensboro Ky
64 CITY-ST-ZIP 42301

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

3-16-99

Date

Daytime Phone #

850-785-6181

CR2E034 (11/98)

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