

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

DOCUMENT # S43623

1. Corporation Name

BENEFITS MANAGEMENT SERVICES, INC.

Principal Place of Business

2537 FRISCO DR  
CLEARWATER FL 33761  
US

Mailing Address

2519 MCMULLEN BOOTH RD.  
SUITE 510-244  
CLEARWATER FL 33761  
US

FILED  
Apr 01, 1999 8:00 am  
Secretary of State

04-01-1999 90085 065 \*\*\*150.00

04-01-1999 90085 066 \*\*\*\*\*8.75



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/08/1991

4. FEI Number  
59-3078288

Applied For  
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional  
Fee Required

6. Election Campaign Financing ☐ \$5.00 May Be  
Trust Fund Contribution Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 1516 SEAGULL DRIVE

Suite, Apt. #, etc.

22 309

City & State

23 PALM HARBOR FL

Zip

24 34684

Country

25 USA

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

STANFORD, MARY L  
2537 FRISCO DR  
CLEARWATER FL 33761

10. Name and Address of New Registered Agent

81 Name

STANFORD, MARY L.

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

1516 SEAGULL DRIVE

83

#309

84 City

PALM HARBOR

FL

85 Zip Code

34684

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 607.0605, Florida Statutes.

SIGNATURE

Mary L. Stanford, President

MARY L. STANFORD, PRES. 2/16/99

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DPST  
NAME STANFORD, MARY L.  
STREET ADDRESS 2537 FRISCO DR  
CITY-ST-ZIP CLEARWATER FL 33761

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DPST  
1.2 NAME STANFORD, MARY L.  
1.3 STREET ADDRESS 1516 SEAGULL DRIVE #309  
1.4 CITY-ST-ZIP PALM HARBOR, FL 34684

☒ 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

☐ 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: Mary L. Stanford, President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/16/99 (727) 797-7966

CR2E034 (11/98)

0415593