FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

APPROVED AND FILED

96 OCT -9 PM 12:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S81373** **(0)**

1. Corporation Name

HENDON BENEFITS CORPORATION

Principal Place of Business	Mailing Address
P.O. BOX 593205 ORLANDO FL 32809	P.O. BOX 593205 ORLANDO FL 32809

3. Date Incorporated or Qualified: 09/19/1991
3a. Date of Last Report: 05/01/1995

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26 PO BOX 533709
Suite, Apt. #, etc.
27
City & State
28 ORLANDO FL
Zip 29 32853 Country 30 US

4. FEI Number: 59-3087692 ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

HENDON, DEE L.
8000 S. ORANGE AVENUE
STE 121
ORLANDO FL 32809

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)
620 E. Colonial DRIVE

83

84 City ORLANDO FL 85 Zip Code 32853

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	D ☐ DELETE	1.1 TITLE	☒ Change ☐ Addition
NAME	HENDON, DEE L.	1.2 NAME	
STREET ADDRESS	8000 S ORANGE AVE	1.3 STREET ADDRESS	620 E. Colonial DRIVE
CITY-ST-ZIP	ORLANDO FL	1.4 CITY-ST-ZIP	ORLANDO FL 32853-3709
TITLE	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	900001978929--T
STREET ADDRESS		3.3 STREET ADDRESS	-10/17/96--01072--003
CITY-ST-ZIP		3.4 CITY-ST-ZIP	****200.00 ****200.00
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	DISSOLUTION REMOVED, NOTICE NOT RECEIVED
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: [signature] / DEE L. HENDON 9/4/96 407-839-0853

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

INSURANCE MANAGEMENT GROUP OF FLORIDA, INC.

[redacted]
Vice President - Dee L. Hendon
Office Manager - Nancy Ferris Tait
[redacted]

9/30/96

To Whom It May Concern:

Because of My illness this year my Corp. filing fee of $ 220.00 was overlooked & not paid. I would appriciate your acceptance of the $220. fee in light of my circumstances.

Thank You Very Much

Dee Hendon

620 E. Colonial Drive • P.O. Box 533709 • Orlando, FL 32853-3709 • (407) 839-0057/FAX (407) 841-1089