

FILE NOW: FILING FEE AFTER MAY 1 IS \$25.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000083346 (4)

1. Corporation Name

ADD BENEFITS, INC.

Principal Place of Business

3732 WINDBER BLVD

PALM HARBOR FL 34685

Mailing Address

3732 WINDBER BLVD

PALM HARBOR FL 34685



3. Date Incorporated or Qualified

11/10/1994

3a. Date of Last Report

04/24/1995

2. Principal Place of Business

2a. Mailing Address

21 3135 S.R. 580

26 3135 S.R. 580

4. FEI Number

59-3279431

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 SUITE 7

27 SUITE 7

City & State

City & State

23 SAFETY Harbor FL

28 SAFETY Harbor FL

Zip

Country

Zip

Country

24 34695

25 PINELLAS

29 34695

30 PINELLAS

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DARNELL, ALAN D

3732 WINDBER BLVD

PALM HARBOR FL 34685

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

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. TITLE

NAME
DARNELL, ALAN D
STREET ADDRESS
3732 WINDBER BLVD
CITY- ST- ZIP
PALM HARBOR FL

☐ DELETE

13. 1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY- ST- ZIP

DARNELL

☒ Change ☐ Addition

TITLE

NAME
DARNELL, PATRICIA
STREET ADDRESS
3732 WINDBER BLVD
CITY- ST- ZIP
PALM HARBOR FL

☐ DELETE

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY- ST- ZIP

DARNELL

☒ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

TITLE

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CITY- ST- ZIP

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-24-96

813-669-2311

Date

Daytime Phone #

CR2E034 (12/95)