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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **251653** **(2)**

1. Corporation Name
PREMIUM ASSIGNMENT CORPORATION

Principal Place of Business	Mailing Address
3522 THOMASVILLE RD. 4 FLOOR (32308) PO BOX 3066 TALLAHASSEE FL 32315-3066 US	3522 THOMASVILLE RD. 4 FLOOR (32308) PO BOX 3066 TALLAHASSEE FL 32304-9802 US

3. Date Incorporated or Qualified: 09/28/1961
3a. Date of Last Report: 03/27/1996

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

2a. Mailing Address
26: P.O. Box 3066
Suite, Apt. #, etc
27:
City & State
28: Tallahassee, FL
Zip / Country
29: 32315 30: USA

4. FEI Number: 59-0994720 ☐ 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

SWEAT, JAMES R. III
3522 THOMASVILLE ROAD 4TH FLOOR
TALLAHASSEE FL 32308

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☒ DELETE	1.1 TITLE	Vice President	☐ Change ☒ Addition
NAME	SWEAT, J. ROBERT JR.		1.2 NAME	Kimberly M. Lee	
STREET ADDRESS	3522 THOMASVILLE RD		1.3 STREET ADDRESS	3522 Thomasville Rd.	
CITY-ST-ZIP	TALLAHASSEE FL		1.4 CITY-ST-ZIP	Tallahassee, FL, 32308	
TITLE	PD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	SWEAT, JAMES R. III		2.2 NAME		
STREET ADDRESS	3522 THOMASVILLE RD		2.3 STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE, FL 00000		2.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	STOUMBELIS, ANITA		3.2 NAME		
STREET ADDRESS	3522 THOMASVILLE RD.		3.3 STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL		3.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	WALKER, LOWELL		4.2 NAME		
STREET ADDRESS	3522 THOMASVILLE RD		4.3 STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL		4.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	THOMAS, JOHN		5.2 NAME		
STREET ADDRESS	3522 THOMASVILLE ROAD		5.3 STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL		5.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	THOMPSON, GLENN		6.2 NAME		
STREET ADDRESS	3522 THOMASVILLE ROAD		6.3 STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL		6.4 CITY-ST-ZIP		

CR2E034 (9/96)

14. I do 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: Kimberly M. Lee OFFICER 1/10/97 883-1191
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #