

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**

**May 16 1997 8:00am  
Secretary of State**

**PROFIT CORPORATION ANNUAL REPORT 1997**



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

**DOCUMENT # F95000002273 (9)**

1. Corporation Name  
**PREMIUM PAYMENT PLAN, INC.**



Principal Place of Business  
**1107 PARKWAY DRIVE  
GOLDSBORO NC 27533**

Mailing Address  
**PO DRAWER 2027  
GOLDSBORO NC 27533-2027  
US**

3. Date Incorporated or Qualified  
**05/09/1995**

3a. Date of Last Report  
**07/03/1996**

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

2a. Mailing Address  
26 Suite, Apt. #, etc.  
27 City & State  
28 Zip  
29 Country

4. FEI Number  
**58-1285550**

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**

**INSURANCE COMMISSIONER  
CAPITOL  
FLORIDA FL**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**12. OFFICERS AND DIRECTORS**

TITLE	<b>C</b>	<input type="checkbox"/> DELETE
NAME	<b>STRICKLAND, ROBERT W</b>	
STREET ADDRESS	<b>1107 PARKWAY DRIVE</b>	
CITY-ST-ZIP	<b>GOLDSBORO NC 27533</b>	
TITLE	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>STRICKLAND, ROBERT C</b>	
STREET ADDRESS	<b>1107 PARKWAY DRIVE</b>	
CITY-ST-ZIP	<b>GOLDSBORO NC 27533</b>	
TITLE	<b>VD</b>	<input type="checkbox"/> DELETE
NAME	<b>EASO, JAMES O JR</b>	
STREET ADDRESS	<b>1107 PARKWAY DRIVE</b>	
CITY-ST-ZIP	<b>GOLDSBORO NC 27533</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>BEST, HORACE L.</b>	
STREET ADDRESS	<b>2108 N. BERKELEY BLVD</b>	
CITY-ST-ZIP	<b>GOLDSBORO NC 27534</b>	
TITLE	<b>T</b>	<input type="checkbox"/> DELETE
NAME	<b>RZEPINSKI, JOHN E</b>	
STREET ADDRESS	<b>1107 PARKWAY DRIVE</b>	
CITY-ST-ZIP	<b>GOLDSBORO NC 27533</b>	
TITLE	<b>SD</b>	<input type="checkbox"/> DELETE
NAME	<b>TILLMAN, MARIANNA S.</b>	
STREET ADDRESS	<b>1107 PARKWAY DRIVE</b>	
CITY-ST-ZIP	<b>GOLDSBORO NC 27533</b>	

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>Eason James O Jr</b>
3.3 STREET ADDRESS	<b>1107 Parkway Drive</b>
3.4 CITY-ST-ZIP	<b>Goldsboro, NC 27533</b>
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	<b>Aycock, Lester Paul</b>
6.3 STREET ADDRESS	<b>1107 Parkway Drive</b>
6.4 CITY-ST-ZIP	<b>Goldsboro, NC 27533</b>

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:** \_\_\_\_\_ **SIGNATURE REQUIRED** **4/30/97** **919-751-1520**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)