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Secretary of State

03-01-1999 90051 050 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 208886

1. Corporation Name

INSURANCE PROGRAMS, INC.

Principal Place of Business

3159 SHAMROCK DRIVE SOUTH
TALLAHASSEE FL 32317

Mailing Address

P.O. BOX 12129
TALLAHASSEE FL 32317-2129

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/08/1958

4. FEI Number

59-1266114

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 owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 Zip Country

29 Zip Country

9. Name and Address of Current Registered Agent

MCCUE, WILLIAM G JR
3159 SHAMROCK DRIVE.S.
TALLAHASSEE FL 32308

10. Name and Address of New Registered Agent

 81 Name
 Grady, Jeffrey W.
 82 Street Address (P.O. Box Number is Not Acceptable)
 3159 Shamrock South
 83
 84 City
 Tallahassee FL 85 Zip Code
 32308

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 fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/13/99

12. OFFICERS AND DIRECTORS

TITLE	P	☒ DELETE
NAME	MCCUE, WILLIAM G. JR	
STREET ADDRESS	3159 SHAMROCK DR S.	
CITY-ST-ZIP	TALLAHASSEE, FL 00000 32308	
TITLE	D	☒ DELETE
NAME	HAWKINS, TERRELL V	
STREET ADDRESS	18167 US HWY 19 N #300	
CITY-ST-ZIP	CLEARWATER FL 34624	
TITLE	ST	☐ DELETE
NAME	PATE, LINDA A	
STREET ADDRESS	3159 SHAMROCK SOUTH	
CITY-ST-ZIP	TALLAHASSEE FL 32308	
TITLE	V	☒ DELETE
NAME	HUMPHREY, HAROLD M	
STREET ADDRESS	9500 S DADELAND BLVD #200	
CITY-ST-ZIP	MIAMI FL 33156	
TITLE	D	☒ DELETE
NAME	GROSS, RICHARD G	
STREET ADDRESS	1111 8TH AVE W	
CITY-ST-ZIP	BRADENTON FL 34205	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	☐ Change ☒ Addition
1.2 NAME	Grady, Jeffrey W.	
1.3 STREET ADDRESS	3159 Shamrock South	
1.4 CITY-ST-ZIP	Tallahassee FL 32308	
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	V	☐ Change ☒ Addition
4.2 NAME	Hall, Barbara B.	
4.3 STREET ADDRESS	605 Northeast First Street	
4.4 CITY-ST-ZIP	Gainesville FL 32601	
5.1 TITLE	D	☐ Change ☒ Addition
5.2 NAME	Rogers, Samuel B. Jr.	
5.3 STREET ADDRESS	1545 Raymond Diehl Road 3rd Floor	
5.4 CITY-ST-ZIP	Tallahassee FL 32308	
6.1 TITLE	D	☐ Change ☒ Addition
6.2 NAME	Hall, J. Howard	
6.3 STREET ADDRESS	605 Northeast First Street	
6.4 CITY-ST-ZIP	Gainesville FL 32601	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/3/99

850 893 4155

CR2E034 (1/98)