

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2007 8:00 am
Secretary of State

04-17-2007 90242 049 ***150.00

DOCUMENT # 373050

1. Entity Name
TBM PREMIUM FINANCE, INC.



Principal Place of Business
1350 NORTH ORANGE AVE
SUITE 102
WINTER PARK, FL 32789

Mailing Address
PO BOX 831
ORLANDO, FL 32802

2. Principal Place of Business - No P.O. Box #
1950 Lee Rd.

3. Mailing Address

Suite, Apt. #, etc.
Suite 219

Suite, Apt. #, etc.

City & State
Winter Park, FL

City & State

Zip
32789

Country

Zip

Country

03232007 Chg-P CR2E034 (12/06)

4. FEI Number
59-1363694

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

TUCKER, J WALTER J
740 PALMER AVE
WINTER PARK, FL 32789

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE VSD ☐ Delete
NAME TUCKER, JOHN W III
STREET ADDRESS 1020 KEYES AVE
CITY-ST-ZIP WINTER PARK, FL 32789

TITLE PTD ☐ Delete
NAME TUCKER, WALTER J JR
STREET ADDRESS 740 PALMER AVE
CITY-ST-ZIP WINTER PARK, FL 32789

TITLE D ☒ Delete
NAME BRANHAM, J.T. JR
STREET ADDRESS 871 LAKE SUE AVE
CITY-ST-ZIP WINTER PARK, FL 32789

TITLE V ☐ Delete
NAME MCCRAINE, C LARRY
STREET ADDRESS 1600 FULLER'S CROSS RD
CITY-ST-ZIP WINTER GARDEN, FL 34787

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME Peter W. Tucker
STREET ADDRESS 4907 Dora Dr.
CITY-ST-ZIP Mount Dora, FL 32757

TITLE ☐ Change ☒ Addition
NAME Jill T. Read
STREET ADDRESS 1005 Temple Grove
CITY-ST-ZIP Winter Park, FL 32789

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

John W. Tucker, III
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John W. Tucker, III. 4/9/07 407-849-6350

Date

Daytime Phone #