

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

Mailing Address

1107 PARKWAY DRIVE
GOLDSBORO NC 27533

1107 PARKWAY DRIVE
GOLDSBORO NC 27533

3. Date Incorporated or Qualified

3a. Date of Last Report

05/09/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 P.O. DRAWER 2027

22 City & State

27 City & State
28 GOLDSBORO, NC

23 Zip Country
24 27533-2027 25

29 27533-2027 30 USA

4. FEI Number
56-1285550

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

10. Name and Address of New Registered Agent

INSURANCE COMMISSIONER
CAPITOL
FLORIDA FL

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 of officer or director, or registered agent and, if not applicable,

(If not applicable, Registered Agent signature required when reinstating)

Date

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE C
NAME STRICKLAND, ROBERT W
STREET ADDRESS 1107 PARKWAY DRIVE
CITY-ST-ZIP GOLDSBORO NC 27533

TITLE PD
NAME STRICKLAND, ROBERT C
STREET ADDRESS 1107 PARKWAY DRIVE
CITY-ST-ZIP GOLDSBORO NC 27533

TITLE V
NAME GRENIER, KEVIN
STREET ADDRESS 1107 PARKWAY DRIVE
CITY-ST-ZIP GOLDSBORO NC 27533

TITLE S
NAME NEAL, JULIA T
STREET ADDRESS 1107 PARKWAY DRIVE
CITY-ST-ZIP GOLDSBORO NC 27533

TITLE T
NAME RZEPINSKI, JOHN E
STREET ADDRESS 1107 PARKWAY DRIVE
CITY-ST-ZIP GOLDSBORO NC 27533

TITLE D
NAME TILLMAN, MARIANA S
STREET ADDRESS 1107 PARKWAY DRIVE
CITY-ST-ZIP GOLDSBORO NC 27533

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

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81 TITLE
82 NAME
83 STREET ADDRESS
84 CITY-ST-ZIP

SIGNATURE: JOHN E. RZEPINSKI

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JUNE 26, 1996

Date

(919)751-1520

Daytime Phone #

CR2E034 (3/96)