

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

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

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4. FEI Number
58-1285550

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

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

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE VD ☐ DELETE
NAME EASO, JAMES O JR
STREET ADDRESS 1107 PARKWAY DRIVE
CITY-ST-ZIP GOLDSBORO NC 27533

3.1 TITLE D ☒ Change ☐ Addition
3.2 NAME Eason, James O Jr
3.3 STREET ADDRESS 1107 Parkway Drive
3.4 CITY-ST-ZIP Goldsboro, NC 27533

TITLE D ☐ DELETE
NAME BEST, HORACE L.
STREET ADDRESS 2108 N. BERKELEY BLVD
CITY-ST-ZIP GOLDSBORO NC 27534

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

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

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE SD ☐ DELETE
NAME TILLMAN, MARIANNA S.
STREET ADDRESS 1107 PARKWAY DRIVE
CITY-ST-ZIP GOLDSBORO NC 27533

6.1 TITLE V ☐ Change ☒ Addition
6.2 NAME Aycock, Lester Paul
6.3 STREET ADDRESS 1107 Parkway Drive
6.4 CITY-ST-ZIP Goldsboro, NC 27533

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

Date

Daytime Phone #

0906476

CR2E034 (9/96)