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FILED
May 20 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/09/1995

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

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

Signature, typed or printed name of the registered agent and the corporation

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

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

TITLE ☐ DELETE

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

TITLE ☒ DELETE

D
NAME EASON, JAMES O JR.
STREET ADDRESS 1107 PARKWAY DRIVE
CITY-ST-ZIP GOLDSBORO NC

TITLE ☐ DELETE

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

TITLE ☐ DELETE

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

TITLE ☐ DELETE

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

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 ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☒ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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, on an attachment with an address.

CR2E034 (10/97)