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FILED
May 21 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 # P97000027579 (6)

1. Corporation Name

EMPLOYEE ASSURANCE, INC.

Principal Place of Business

404 MEADOW LANE
OLDSMAR FL 34677

Mailing Address

404 MEADOW LANE
OLDSMAR FL 34677

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/24/1997

4. FEI Number

59-3441307

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 10744 Ayrshire Drive

Suite, Apt. #, etc.

22 City & State

23 Tampa, FL

24 Zip

25 Country

33626

2a. Mailing Address

26 10744 Ayrshire Drive

Suite, Apt. #, etc.

27 City & State

28 Tampa, FL

29 Zip

30 Country

33626

9. Name and Address of Current Registered Agent

CHAMBERS, TONYA
404 MEADOW LANE
OLDSMAR FL 34677

10. Name and Address of New Registered Agent

81 Name

Tonya Chambers

82

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

10744 Ayrshire Drive

83

84

City
Tampa

FL

85

Zip Code
33626

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

TITLE Director, President ☐ DELETE

NAME Tonya M. Chambers

STREET ADDRESS 10744 Ayrshire Drive

CITY-ST-ZIP Tampa, FL 33626

TITLE Director, Vice President ☐ DELETE

NAME Terri L. Kolek

STREET ADDRESS 10744 Ayrshire Drive

CITY-ST-ZIP Tampa, FL 33626

TITLE Director, Secretary/Treasurer ☐ DELETE

NAME Christina L. Homsey

STREET ADDRESS 10744 Ayrshire Drive

CITY-ST-ZIP Tampa, FL 33626

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

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, or on an attachment with an address.

SIGNATURE:

Christina Homsey (Christina Homsey)

4/20/98

813-8188181

CR2E034 (10/97)