

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

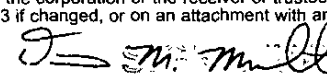
FILED
Feb 27, 1999 8:00 am
Secretary of State

02-27-1999 90050 009 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P97000058559					
1. Corporation Name ASSURANCE SERVICE PLAN, INC.					
Principal Place of Business 425 EAST VAN FLEET DRIVE BARTOW FL 33830			Mailing Address 425 EAST VAN FLEET DRIVE BARTOW FL 33830		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/02/1997	
21		26		4. FEI Number 59-3478694	Applied For ☐ Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation owes the current year Intangible Personal Property Tax. ☒ Yes ☐ No	
23		28			
Zip	Country	Zip	Country		
24		25			
9. Name and Address of Current Registered Agent ROBLES, BENJAMIN J 425 E VAN FLEET DR BARTOW FL 33830				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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
12. OFFICERS AND DIRECTORS					
TITLE	PD	☐ DELETE			
NAME	ROBLES, BENJAMIN J				
STREET ADDRESS	3123 BENT CREEK DR				
CITY-ST-ZIP	VALRICO FL 33594				
TITLE	VPD	☐ DELETE			
NAME	MULLIS, DENNIS M				
STREET ADDRESS	5815 OAKMONT LANE				
CITY-ST-ZIP	LAKELAND FL 33813				
TITLE	SD	☐ DELETE			
NAME	KENDRICK, HAZEL B				
STREET ADDRESS	1295 E GEORGIA ST				
CITY-ST-ZIP	BARTOW FL 33830				
TITLE	TD	☐ DELETE			
NAME	AMBROSE, ROBERT E				
STREET ADDRESS	1502 AZALEA ST				
CITY-ST-ZIP	PLANT CITY FL 33566				
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		5413 BURNT HICKORY DR			
1.4 CITY-ST-ZIP		VALRICO, FL 33594			
2.1 TITLE		☒ Change ☐ Addition			
2.2 NAME					
2.3 STREET ADDRESS		6106, PIER PLACE DRIVE			
2.4 CITY-ST-ZIP		LAKELAND, FL 33813			
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, with all other like empowered.

SIGNATURE:  **DENNIS M. MULLIS** 1/28/99 (941)533-0425
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)