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

PROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 27, 1999 8:00 am
Secretary of State
02-27-1999 90050 009 ***150.00

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DOCUMENT # P97000058559

1. Corporation Name
ASSURANCE SERVICE PLAN, INC.

Principal Place of Business	Mailing Address
425 EAST VAN FLEET DRIVE BARTOW FL 33830	425 EAST VAN FLEET DRIVE BARTOW FL 33830

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/02/1997

2. Principal Place of Business (21) | 2a. Mailing Address (26)

Suite, Apt. #, etc. (22) | Suite, Apt. #, etc. (27)

City & State (23) | City & State (28)

Zip (24) Country (25) | Zip (29) Country (30)

4. FEI Number: 59-3478694 ☐ Applied For ☐ Not Applicable

5. Certifcate 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 the current year Intangible Personal Property Tax. ☑ Yes ☐ No

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☒ Change ☐ Addition
NAME	ROBLES, BENJAMIN J		1.2 NAME		
STREET ADDRESS	3123 BENT CREEK DR		1.3 STREET ADDRESS	5413 BURNT HICKORY DR	
CITY-ST-ZIP	VALRICO FL 33594		1.4 CITY-ST-ZIP	VALRICO, FL 33594	
TITLE	VPD	☐ DELETE	2.1 TITLE		☒ Change ☐ Addition
NAME	MULLIS, DENNIS M		2.2 NAME		
STREET ADDRESS	5815 OAKMONT LANE		2.3 STREET ADDRESS	6106 PIER PLACE DRIVE	
CITY-ST-ZIP	LAKELAND FL 33813		2.4 CITY-ST-ZIP	LAKELAND, FL 33813	
TITLE	SD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	KENDRICK, HAZEL B		3.2 NAME		
STREET ADDRESS	1295 E GEORGIA ST		3.3 STREET ADDRESS		
CITY-ST-ZIP	BARTOW FL 33830		3.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	AMBROSE, ROBERT E		4.2 NAME		
STREET ADDRESS	1502 AZALEA ST		4.3 STREET ADDRESS		
CITY-ST-ZIP	PLANT CITY FL 33566		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (11/98)

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