

**2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# H00982

**FILED**  
**Mar 19, 2019**  
**Secretary of State**  
**8632763347CC**

**Entity Name:** B&B PROTECTOR PLANS, INC.

**Current Principal Place of Business:**

655 N. FRANKLIN ST., SUITE 1900  
TAMPA, FL 33602

**Current Mailing Address:**

220 S. RIDGEWOOD AVE.  
DAYTONA BEACH, FL 32114 US

**FEI Number:** 59-2404385

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT & DIRECTOR  
Name            WALKER, CHRIS L.  
Address        701 B STREET, SUITE 2100  
City-State-Zip: SAN DIEGO CA 92101

Title            EXECUTIVE VICE PRESIDENT  
Name            HEATH, SUSAN M.  
Address        655 N. FRANKLIN ST., SUITE 1900  
City-State-Zip: TAMPA FL 33602

Title            EXECUTIVE VICE PRESIDENT  
Name            SIMON, LAURA  
Address        655 N. FRANKLIN ST., SUITE 1900  
City-State-Zip: TAMPA FL 33602

Title            VP  
Name            GREEN, BERNADETTE  
Address        655 N. FRANKLIN ST.,SUITE 1900  
City-State-Zip: TAMPA FL 33602

Title            VP  
Name            LANNI, JAMES  
Address        220 S. RIDGEWOOD AVE.  
City-State-Zip: DAYTONA BEACH FL 32114

Title            VP  
Name            NICE, CHAD  
Address        655 N. FRANKLIN ST.,SUITE 1800  
City-State-Zip: TAMPA FL 33602

Title            VP  
Name            WATTS, ANDREW R.  
Address        220 S. RIDGEWOOD AVE.  
City-State-Zip: DAYTONA BEACH FL 32114

Title            VICE PRESIDENT & SECRETARY  
Name            LLOYD, ROBERT W.  
Address        220 S. RIDGEWOOD AVE.  
City-State-Zip: DAYTONA BEACH FL 32114

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*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** ANTHONY M. ROBINSON

**ASSISTANT SECRETARY    03/19/2019**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title VP  
Name ROBINSON, ANTHONY M.  
Address 220 S. RIDGEWOOD AVE.  
City-State-Zip: DAYTONA BEACH FL 32114

Title TREASURER  
Name GORLICK, STEVEN  
Address 220 S. RIDGEWOOD AVE.  
City-State-Zip: DAYTONA BEACH FL 32114

Title ASSISTANT SECRETARY  
Name ROBINSON, ANTHONY M.  
Address 220 S. RIDGEWOOD AVE.  
City-State-Zip: DAYTONA BEACH FL 32114