

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# H00982

**FILED**  
**Apr 07, 2016**  
**Secretary of State**  
**CC1159309992**

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

**Current Principal Place of Business:**

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

**Current Mailing Address:**

655 N. FRANKLIN ST., SUITE 1900  
TAMPA, FL 33602 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            BURROWS, DIANE C.  
Address        655 N. FRANKLIN ST., SUITE 1900  
City-State-Zip: TAMPA FL 33602

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

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

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

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

**Continues on page 2**

*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 ROBINSON

**VICE PRESIDENT AND  
ASSISTANT SECRETARY**

**04/07/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title           TREASURER  
Name           DUCILLE, RACHEL  
Address        655 N. FRANKLIN STREET, SUITE 1900  
City-State-Zip: TAMPA FL 33602