


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

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

04-27-1999 90096 034 ***150.00

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| PROFIT CORPORATION ANNUAL REPORT 1999 |  | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # 638810

1. Corporation Name
GILLILAND INSURANCE AGENCY, INC.



| | |
|--|---|
| Principal Place of Business 464 HARBOR CITY BLVD. MELBOURNE FL 32935 | Mailing Address P.O. BOX 361877 MELBOURNE FL 32936-1877 |
|--|---|

DO NOT WRITE IN THIS SPACE

| | |
|---|---|
| 2. Principal Place of Business 21 466 N. Harbor City Blvd. Suite, Apt. #, etc. 22 City & State 23 Melbourne, Florida Zip Country 24 32902 25 USA | 2a. Mailing Address 26 P. O. Box 536 Suite, Apt. #, etc. 27 City & State 28 Melbourne, Florida Zip Country 29 32902 30 USA |
|---|---|

| | | |
|--|--------------------------------|--|
| 3. Date Incorporated or Qualified 10/05/1979 | 4. FEI Number 58-1396180 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required | |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees | |
| 8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No | | |

9. Name and Address of Current Registered Agent

POTTER, WILLIAM C.
 700 S. BABCOCK STREET, SUITE 400
 MELBOURNE FL 32901

10. Name and Address of New Registered Agent

| |
|--|
| 81 Name PLATT, Jack L. |
| 82 Street Address (P.O. Box Number is Not Acceptable) 520 North Harbor City Boulevard |
| 83 |
| 84 City Melbourne, FL 85 Zip Code 32902 |

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: JACK L. PLATT (NOTE: Registered Agent signature required when reinstating) DATE: 4/23/99

12. OFFICERS AND DIRECTORS

| | |
|----------------|------------------------------------|
| TITLE | PD <input type="checkbox"/> DELETE |
| NAME | GILLILAND, JOY J. |
| STREET ADDRESS | 464 N. HARBOR CITY BLVD |
| CITY-ST-ZIP | MELBOURNE FL 32936 |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|--------------------|---|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY-ST-ZIP | |
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY-ST-ZIP | |
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY-ST-ZIP | |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY-ST-ZIP | |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY-ST-ZIP | |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> 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 indicate I 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: Joy J. Gilliland DATE: 4/23/99 DAYTIME PHONE #: 407 259 1234

CR2E034 (11/98)