FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
'95 MAR 22 PM 3:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000033148 (5)

1. Corporation Name
GILBERT INSURANCE, INC.

Principal Place of Business	Mailing Address
2205 E MICHIGAN ST ORLANDO FL	2205 E MICHIGAN ST ORLANDO FL

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 04/26/1994
3a. Date of Last Report: SAME

2. Principal Place of Business
21: 2203-B E Michigan St.
22: Suite, Apt. #, etc.
23: City & State: Orlando Florida
24: Zip: 32806
25: Country: Orange.

2a. Mailing Address
26: P.O. Box 620517
27: Suite, Apt. #, etc.
28: City & State: Orlando Florida
29: Zip: 32862
30: Country: Orange.

4. FEI Number: 59-3238005 ☐ Applied For ☐ Not Applicable

5. Certificate 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 has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

GILBERT, ALAN W
2205 E MICHIGAN ST
ORLANDO FL

10. Name and Address of New Registered Agent

81 Name: Gilbert, Alan W. (Typed)
82 Street Address (P.O. Box Number is Not Acceptable): 2203B E Michigan Street (Typed)
83:
84 City: ORLANDO FL 85 Zip Code: 32806

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	D	1.1 TITLE	☒ Change	☐ Addition
NAME	GILBERT, ALAN W	1.2 NAME	Gilbert, Alan	
STREET ADDRESS	2205 E MICHIGAN ST	1.3 STREET ADDRESS	2203B E Michigan Street	
CITY-ST-ZIP	ORLANDO FL	1.4 CITY-ST-ZIP	Orlando Florida 32806	
TITLE	D	2.1 TITLE	☒ Change	☐ Addition
NAME	GILBERT, TERESA G	2.2 NAME	Gilbert, Teresa.	
STREET ADDRESS	2205 E MICHIGAN ST	2.3 STREET ADDRESS	2203B E Michigan Street	
CITY-ST-ZIP	ORLANDO FL	2.4 CITY-ST-ZIP	Orlando, Florida 32806	
TITLE		3.1 TITLE	☐ Change	☐ Addition
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-ZIP		3.4 CITY-ST-ZIP		
TITLE		4.1 TITLE	☐ Change	☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE	☐ Change	☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE	☐ Change	☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: Alan W Gilbert 3-15-95 (407) 898-6531
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0067336 CP