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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995



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

DOCUMENT # **V07174** (8)

1. Corporation Name  
**GENTRY-DRANE INSURANCE AGENCY, INC.**

Principal Place of Business: 116-A E. 5TH ST. SUITE 300 APOPKA FL 32703 US

Mailing Address: 1031 W. MORSE BLVD. SUITE 300 WINTER PARK FL 32789

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 01/16/1992

3a. Date of Last Report: 02/28/1994

4. FEI Number: 59-3104309

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

2. Principal Place of Business

21 2121 SEMORAN BLVD

22 Suite, Apt. #, etc.

23 APOPKA, FL

24 Zip 32704

25 Country US

26 Mailing Address

27 Suite, Apt. #, etc.

28 City & State

29 Zip

30 Country

9. Name and Address of Current Registered Agent

MOULTON, LESLEY  
1031 W. MORSE BLVD.  
STE. 300  
WINTER PARK FL 32789

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

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 607.0509, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

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

12. OFFICERS AND DIRECTORS	
TITLE	DP
NAME	BARNES, JAMES T., JR.
STREET ADDRESS	1031 W. MORSE BLVD. #300
CITY-ST-ZIP	WINTER PARK FL
TITLE	DVS
NAME	PRESTON, STEVEN
STREET ADDRESS	116-A E 5TH STREET
CITY-ST-ZIP	APOPKA FL 32703
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	Dir; Chm <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Barnes, James T., Jr.
1.3 STREET ADDRESS	1031 W. Morse Blvd. #300
1.4 CITY-ST-ZIP	Winter Park, FL 32789
2.1 TITLE	D, V, S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Preston, Steven R.
2.3 STREET ADDRESS	2121 Semoran Blvd.
2.4 CITY-ST-ZIP	Apopka, FL 32704
3.1 TITLE	D, P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Greger, Gerald J.
3.3 STREET ADDRESS	2121 Semoran Blvd.
3.4 CITY-ST-ZIP	Apopka, FL 32704
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(2)(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: *Gerald J. Greger* 3/8/95 (407) 886-330

Signature and typed or printed name of signing officer or director  
Gerald J. Greger, President