

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00CORPORATION
ANNUAL REPORT
1995FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONSAPPROVED
AND
FILED

95 MAY -1 PM 3:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 638810 (2)

1. Corporation Name

GILLILAND INSURANCE AGENCY, INC.

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

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

10/05/1979

3a. Date of Last Report

08/09/1994

4. FEI Number

58-1396180

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 Fees8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes☐ Yes☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name

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

83

84 City

FL

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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

STB

NAME

POTTER, WILLIAM C.

STREET ADDRESS

700 S. BABCOCK ST. #400

CITY - ST - ZIP

MELBOURNE FL

1.1 TITLE

☒ Change ☐ Addition

1.2 NAME

OMIT

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

PDST

☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

464 N. HARBOR CITY BLVD.

2.4 CITY - ST - ZIP

MELBOURNE, FL 32936

3.1 TITLE

☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

400001489864

-05/17/95-01016-002

****225.00 ****225.00

5-1-95 + g.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Joy J. Gilliland

5/ /95

(407) 259-5900