

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 272924

**FILED**  
**Feb 13, 2017**  
**Secretary of State**  
**CC0581544596**

**Entity Name:** GULFPORT GUARANTY & FIDELITY CORPORATION

**Current Principal Place of Business:**

100 S BISCAYNE BLVD STE 900  
MIAMI, FL 33131

**Current Mailing Address:**

100 S BISCAYNE BLVD STE 900  
MIAMI, FL 33131 US

**FEI Number:** 59-1100427

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CROGAN, KATHLEEN  
100 S. BISCAYNE BLVD  
STE 1100  
MIAMI, FL 33131 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           SVD  
Name           CROGAN, KATHLEEN  
Address        100 S. BISCAYNE BLVD., # 1100  
City-State-Zip: MIAMI FL 33131

Title           PD  
Name           HOLLO, TIBOR  
Address        100 S. BISCAYNE BLVD., # 1100  
City-State-Zip: MIAMI FL 33131

Title           VP  
Name           HOLLO, WAYNE R  
Address        100 S. BISCAYNE BLVD  
City-State-Zip: MIAMI FL 33131

Title           VP  
Name           HOLLO, JEROME  
Address        100 S BISCAYNE BLVD STE 900  
City-State-Zip: MIAMI FL 33131

*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:** JEROME HOLLO

**MANAGER**

**02/13/2017**

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

\_\_\_\_\_  
Date