

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# K37191

**FILED  
Mar 14, 2017  
Secretary of State  
CC0831839304**

**Entity Name:** GULF INSURANCE ASSOCIATES, INCORPORATED

**Current Principal Place of Business:**

3030 STARKEY BLVD., STE 143  
TRINITY, FL 34655

**Current Mailing Address:**

1536 SWAMP ROSE LN  
TRINITY, FL 34655 US

**FEI Number: 59-2910851**

**Certificate of Status Desired: Yes**

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

AMADEO, ALESA A.  
1536 SWAMP ROSE LANE  
TRINITY, FL 34655 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 P  
Name AMADEO, ALESA A.  
Address 3030 STARKEY BLVD., STE 143  
City-State-Zip: TRINITY FL 34655

Title VP, SECRETARY  
Name ALLOCCA, ROBERT J  
Address 1018 HAGEN DR  
City-State-Zip: TRINITY FL 34655

Title TREASURER  
Name AMADEO, ALESA A  
Address 1536 SWAMP ROSE LN  
City-State-Zip: TRINITY FL 34655

*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: A. AMADEO**

**PRESIDENT**

**03/14/2017**

Electronic Signature of Signing Officer/Director Detail

Date