

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED  
95 APR 28 PM 2:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **188832** (0)

1. Corporation Name  
**G & S INSURANCE ASSOCIATES, INC.**

Principal Place of Business  
**132 E. COLONIAL DRIVE  
SUITE 215  
ORLANDO FL 32801-1236**

Mailing Address  
**132 E. COLONIAL DRIVE  
SUITE 215  
ORLANDO FL 32801-1236**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified  
**07/01/1990**

3a. Date of Last Report  
**04/19/1994**

4. FEI Number  
**59-0756820**

Applied For  
 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. 195.032, Florida Statutes  Yes  No

2. Principal Place of Business

21. Suite, Apt. #, etc.

22. City & State

23. Zip Country

24. Zip Country

2a. Mailing Address

26. Suite, Apt. #, etc.

27. City & State

28. Zip Country

29. Zip Country

30. Zip Country

9. Name and Address of Current Registered Agent

**WINSLOW, FREDERICK T.  
1205 WINDSOR AVE.  
LONGWOOD FL 32750**

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 **FL**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

P

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**WINSLOW, FREDERICK T.  
1205 WINDSOR AVENUE  
LONGWOOD FL**

VPS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**KNIGHT, CHARLES ROGER  
3815 GRANT ST.  
ORLANDO FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE  Change  Addition

12. NAME

13. STREET ADDRESS

14. CITY-ST-ZIP

2.1 TITLE  Change  Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE  Change  Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE  Change  Addition

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

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)(b), 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 amendment with an address.

SIGNATURE: *Frederick T. Winslow* 4/24/95 407/422-4488  
Frederick T. Winslow President (Date) (Telephone Area #)