

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 20, 2004 8:00 am**  
**Secretary of State**

04-20-2004 90026 038 \*\*\*150.00

**DOCUMENT # 240124**

1. Entity Name

ROGERS, GUNTER, VAUGHN INSURANCE, INC.



Principal Place of Business

1117 THOMASVILLE RD  
PO BOX 12099  
TALLAHASSEE FL 32317

Mailing Address

PO BOX 12099  
TALLAHASSEE FL 32317

64040010



MOORE CR2E034 (11/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-0912250

Applied For  
Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ROGERS, SAMUEL B JR  
1117 THOMASVILLE RD  
TALLAHASSEE FL 32303

Name

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

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*[Signature]*

(NOTE: Registered Agent signature required when reinstating)

4/19/04

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2004 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☐ Delete  
NAME VAUGHN, KEVIN  
STREET ADDRESS 9025 GLEN EAGLE WAY  
CITY-ST-ZIP TALLAHASSEE FL 32312

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE BM ☐ Delete  
NAME ROGER, S B SR  
STREET ADDRESS 3710 GALWAY DR  
CITY-ST-ZIP TALLAHASSEE FL 32312

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ~~CEO~~ ☐ Delete  
NAME ROGERS, SAMUEL B., JR.  
STREET ADDRESS 1741 MARSTON PL  
CITY-ST-ZIP TALLAHASSEE FL

TITLE *T C F O* ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ~~CEO~~ ☐ Delete  
NAME GUNTER, WILLIAM  
STREET ADDRESS ~~3002 LEANE DR~~  
CITY-ST-ZIP TALLAHASSEE FL

TITLE *CEO / Chairman* ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 1117 Savannah Trace  
CITY-ST-ZIP 32312

TITLE EVPD ☐ Delete  
NAME FOREHAND, HARRY B. J  
STREET ADDRESS ~~902 GOLFVIEW AVE~~  
CITY-ST-ZIP TAMPA FL

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ~~EVP~~ ☐ Delete  
NAME ~~GUNTER~~  
STREET ADDRESS ~~1534 MITCHELL AVE~~  
CITY-ST-ZIP TALLAHASSEE FL

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 3449 mahoney Drive  
CITY-ST-ZIP 32309

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #