

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra D. Morham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAY -1 PM 7: 59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 464182 (5)

1. Corporation Name

GULF COAST INSURANCE AGENCY, INC.

Principal Place of Business

**7370 COLLEGE PKWY, SUITE 214
FT. MYERS FL 33907**

Mailing Address

**7370 COLLEGE PKWY, SUITE 214
FT. MYERS FL 33907**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

10/28/1974

3a. Date of Last Report

04/15/1994

4. FEI Number

59-1556091

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. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

2a. Mailing Address

25

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

**DILLARD, KENNETH C.
450 KEENAN AVENUE
FT. MYERS FL 33919**

10. Name and Address of New Registered Agent

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 constituting)

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**PD
DILLARD, KEN
450 KEENAN AVENUE
FT. MYERS FL**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**T
DILLARD, HARRY
450 KEENAN AVE.
FT. MYERS FL**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**V
DILLARD, LOUISE A.
450 KEENAN AVENUE
FT. MYERS FL**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**VD
DILLARD, SUSAN M.
860 DUQUESNE DR
FT. MYERS FL**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**S
DILLARD, LOUISE A.
450 KENNAN AVE.
FT. MYERS FL**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

12 NAME

13 STREET ADDRESS

14 CITY - ST - ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY - ST - ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY - ST - ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY - ST - ZIP

☐ Change ☐ Addition

☒ Change ☐ Addition

☐ Change ☐ Addition

☒ Change ☐ Addition

☒ Change ☐ Addition

☐ Change ☐ Addition

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 110.07(3)(k), Florida Statutes. I further certify that the information furnished 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 attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Susan M Sullivan

4/4/95

813939-4853