

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**  
**Feb 12 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**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 33907-5559
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3. Date Incorporated or Qualified <b>10/28/1974</b>	3a. Date of Last Report <b>03/28/1996</b>
4. FEI Number <b>59-1556091</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc. <b>207</b>	26 Suite, Apt. #, etc. <b>Suite 207</b>
22 City & State	27 City & State
23 Zip	28 Country
24	25
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
<b>FL</b> 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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	DILLARD, KEN	
STREET ADDRESS	450 KEENAN AVENUE	
CITY-ST-ZIP	FT. MYERS FL	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	SULLIVAN, SUSAN M	
STREET ADDRESS	860 DEQUESNE DR	
CITY-ST-ZIP	FT. MYERS FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	SULLIVAN, SUSAN M	
STREET ADDRESS	860 DEQUESNE DR	
CITY-ST-ZIP	FT. MYERS FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	DILLARD, SANDRA K	
STREET ADDRESS	450 KEENAN AVE	
CITY-ST-ZIP	FT. MYERS FL 33919	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Susan Agostino	
1.3 STREET ADDRESS	5326 Bay View Court	
1.4 CITY-ST-ZIP	Cape Coral, FL 33904	
2.1 TITLE	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Kenneth C Dillard	
2.3 STREET ADDRESS	450 Keenan Avenue	
2.4 CITY-ST-ZIP	Fort Myers, FL 33919	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 does not qualify for the exemption stated in Section 119.07(3)(i), 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, unchanged, or on an attachment with an address.

SIGNATURE: \_\_\_\_\_ Date: **1/6/97** Daytime Phone #: **941-939-4853**

CR2E034 (9/96)