

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

FILED
Feb 12 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham 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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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/28/1974		3a. Date of Last Report 03/28/1996	
21 Suite, Apt. #, etc. 22 207		26 Suite, Apt. #, etc. 27 Suite 207		4. FEI Number 59-1556091		Applied For Not Applicable	
23 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
24 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
25 Country		30 Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DILLARD, KEN	1.2 NAME	Susan Agostino
STREET ADDRESS	450 KEENAN AVENUE	1.3 STREET ADDRESS	5326 Bay View Court
CITY-ST-ZIP	FT. MYERS FL	1.4 CITY-ST-ZIP	Cape Coral, FL 33904
TITLE	T <input checked="" type="checkbox"/> DELETE	2.1 TITLE	Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SULLIVAN, SUSAN M	2.2 NAME	Kenneth C Dillard
STREET ADDRESS	860 DEQUESNE DR	2.3 STREET ADDRESS	450 Keenan Avenue
CITY-ST-ZIP	FT. MYERS FL	2.4 CITY-ST-ZIP	Fort Myers, FL 33919
TITLE	VD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SULLIVAN, SUSAN M	3.2 NAME	
STREET ADDRESS	860 DEQUESNE DR	3.3 STREET ADDRESS	
CITY-ST-ZIP	FT MYERS FL	3.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DILLARD, SANDRA K	4.2 NAME	
STREET ADDRESS	450 KEENAN AVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	FT. MYERS FL 33919	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/6/97 941-9394853

CR2E034 (9/96)