

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

FILED

Jan 16 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		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 207 207 FT. MYERS FL 33907 US	Mailing Address 7370 COLLEGE PKWY. SUITE 207 207 FT. MYERS FL 33907 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 207 22 City & State 23 Zip 24 Country 25		2a. Mailing Address 26 Suite, Apt. #, etc. 207 27 City & State 28 Zip 29 Country 30		3. Date Incorporated or Qualified 10/28/1974
				4. FEI Number 59-1556091 Applied For Not Applicable
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" 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 KENNETH C. DILLARD 82 Street Address (P.O. Box Number is Not Acceptable) 7370 COLLEGE PKY 83 SUITE 207 84 City FT. MYERS FL 85 Zip Code 33907			
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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	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	DILLARD, KEN			1.2 NAME			
STREET ADDRESS	450 KEENAN AVENUE			1.3 STREET ADDRESS			
CITY - ST - ZIP	FT. MYERS FL			1.4 CITY - ST - ZIP			
TITLE	VP	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	AGOSTINO, SUSAN			2.2 NAME			
STREET ADDRESS	5326 BAY VIEW COURT			2.3 STREET ADDRESS			
CITY - ST - ZIP	CAPE CORAL FL			2.4 CITY - ST - ZIP			
TITLE	T	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	DILLARD, KENNETH C			3.2 NAME			
STREET ADDRESS	450 KEENAN AVE.			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 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 if changed or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0423962

CR2E034 (10/97)