FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

APPROVED AND FILED

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

95 MAY -1 AM 8:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **479261** **(0)**

1. Corporation Name

GULF ATLANTIC INSURANCE AGENCY, INC.

Principal Place of Business	Mailing Address
877 EXECUTIVE CENTER DRIVE WEST #205 P O BOX 21647 ST. PETERSBURG FL 33742	877 EXECUTIVE CENTER DRIVE WEST #205 P O BOX 21647 ST. PETERSBURG FL 33742

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
07/14/1975	03/30/1994

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc 22	Suite, Apt. #, etc 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

4. FEI Number **59-1608916** ☐ 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 totally tax-attainable tax under § 199.032 Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
KETTLESTRINGS, JOSEPH W. 877 EXECUTIVE CENTER DRIVE WEST SUITE 205 ST PETERSBURG FL 33702	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, type or printed name of registered agent, and title if applicable) (if filing Registered Agent signature required when changing) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☐ Change ☐ Addition
NAME	BUSCHING, HAROLD.	12 NAME	
STREET ADDRESS	877 EXE CTR DR W #205	13 STREET ADDRESS	
CITY ST ZIP	ST PETERSBURG FL	14 CITY ST ZIP	
TITLE	TDV	21 TITLE	☐ Change ☐ Addition
NAME	KETTLESTRINGS, JOSEPH W.	22 NAME	
STREET ADDRESS	877 EXE CTR DR W #205	23 STREET ADDRESS	
CITY ST ZIP	ST PETERSBURG FL	24 CITY ST ZIP	
TITLE	~~D~~	31 TITLE	D/P ☒ Change ☐ Addition
NAME	~~HUBBUCH, PHILLIP J.~~	32 NAME	Robert S. Furman
STREET ADDRESS	~~877 EXE CTR DR W #205~~	33 STREET ADDRESS	877 Executive Center Dr W, Ste 205
CITY ST ZIP	~~ST. PETERSBURG FL~~	34 CITY ST ZIP	St. Petersburg, FL 33742
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	STUART, JAMES.	42 NAME	
STREET ADDRESS	877 EXE CTR DR W #205	43 STREET ADDRESS	
CITY ST ZIP	ST. PETERSBURG FL	44 CITY ST ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	HAWKINS, DWAYNE.	52 NAME	
STREET ADDRESS	877 EXE CTR DR W #205	53 STREET ADDRESS	
CITY ST ZIP	ST. PETERSBURG FL	54 CITY ST ZIP	
TITLE	VP	61 TITLE	☐ Change ☐ Addition
NAME	MURRAY, JIM C.	62 NAME	
STREET ADDRESS	877 EXE CTR DR W #205	63 STREET ADDRESS	
CITY ST ZIP	ST. PETERSBURG FL	64 CITY ST ZIP	

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 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] President 4/24/95 (601) 978-6732

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number

0448837 FP