

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 479261 (0)
1. Corporation Name
GULF ATLANTIC INSURANCE AGENCY, INC.

FILED

97 APR 14 AM 7:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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

Mailing Address
877 EXECUTIVE CENTER DRIVE WEST #205
P O BOX 21647
ST. PETERSBURG FL 33742-1647

3. Date Incorporated or Qualified
07/14/1975

3a. Date of Last Report
04/24/1996

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 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
24 Country

2a. Mailing Address
26 P.O. Box 6005
27 Suite, Apt. #, etc.
28 RIDGELAND MS
29 Zip 39158
30 Country U.S.A.

9. Name and Address of Current Registered Agent
KETTLESTRINGS, JOSEPH W.
877 EXECUTIVE CENTER DRIVE WEST
SUITE 205
ST PETERSBURG FL 33702

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box, etc.)
83
84 City
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, the officer and the 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)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TDV	1.1 TITLE	TDV
NAME	KETTLESTRINGS, JOSEPH W.	1.2 NAME	KETTLESTRINGS
STREET ADDRESS	877 EXE CTR DR W #205	1.3 STREET ADDRESS	
CITY-ST-ZIP	ST PETERSBURG FL	1.4 CITY-ST-ZIP	33702
TITLE	DP	2.1 TITLE	
NAME	FURMAN, ROBERT S	2.2 NAME	
STREET ADDRESS	877 EXECUTIVE CENTER DR W SUITE 205	2.3 STREET ADDRESS	715 S. PEARL ORCHARD RD #400
CITY-ST-ZIP	ST. PETERSBURG FL	2.4 CITY-ST-ZIP	RIDGELAND, MS 39157
TITLE	D	3.1 TITLE	DC
NAME	STUART, JAMES.	3.2 NAME	STUART, JAMES
STREET ADDRESS	877 EXE CTR DR W #205	3.3 STREET ADDRESS	715 S. PEARL ORCHARD RD #400
CITY-ST-ZIP	ST. PETERSBURG FL	3.4 CITY-ST-ZIP	RIDGELAND, MS 39157
TITLE	D	4.1 TITLE	
NAME	HAWKINS, DWAYNE.	4.2 NAME	
STREET ADDRESS	877 EXE CTR DR W #205	4.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL	4.4 CITY-ST-ZIP	33702
TITLE	VP	5.1 TITLE	DP
NAME	MURRAY, JIM C.	5.2 NAME	MURRAY
STREET ADDRESS	877 EXE CTR DR W #205	5.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL	5.4 CITY-ST-ZIP	33702
TITLE		6.1 TITLE	
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 if changed, or on an attachment with an address.

SIGNATURE: *Robert S. Furman*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date: 6/19/97
Daytime Phone: 601-978-6782

CR2E034 (9/96)