

APR 13 1998 *Via Dwayne Cooper*
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Apr 28 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 # **479261** (0)
1. Corporation Name
GULF ATLANTIC INSURANCE AGENCY, INC.

Principal Place of Business 877 EXECUTIVE CENTER DRIVE WEST #205 P O BOX 21647 ST. PETERSBURG FL 33742	Mailing Address P.O. BOX 6006 RIDGELAND MS 39158
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/14/1975	
21 Suite, Apt. #, etc.	26	27 Suite, Apt. #, etc.	28	4. FEI Number 59-1608916	Applied For <input type="checkbox"/> Not Applicable
22 City & State	27	28 City & State	29	5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
23 Zip	25 Country	29 Zip	30 Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Name and Address of Current Registered Agent				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

**KETTLESTRINGS, JOSEPH W.
877 EXECUTIVE CENTER DRIVE WEST
SUITE 205
ST PETERSBURG FL 33702**

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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	DVST	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KETTLESTRINGS, JOSEPH W	1.2 NAME	
STREET ADDRESS	877 EXE CTR DR W #205	1.3 STREET ADDRESS	
CITY-ST-ZIP	ST PETERSBURG FL 33702	1.4 CITY-ST-ZIP	
TITLE	DP	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FURMAN, ROBERT S	2.2 NAME	
STREET ADDRESS	715 S. PEAR ORCHARD RD., #400	2.3 STREET ADDRESS	
CITY-ST-ZIP	RIDGELAND MS 39157	2.4 CITY-ST-ZIP	
TITLE	DC	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STUART, JAMES	3.2 NAME	
STREET ADDRESS	715 S. PEAR ORCHARD RD., #400	3.3 STREET ADDRESS	
CITY-ST-ZIP	RIDGELAND MS 39157	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAWKINS, DWAYNE.	4.2 NAME	
STREET ADDRESS	877 EXE CTR DR W #205	4.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL 33702	4.4 CITY-ST-ZIP	
TITLE	DV	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MURRAY, JIM C.	5.2 NAME	
STREET ADDRESS	877 EXE CTR DR W #205	5.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL 33702	5.4 CITY-ST-ZIP	
TITLE		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]

4-21-98

CR2E034 (10/97)