

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 27, 1999 8:00 am  
Secretary of State

04-27-1999 90070 026 \*\*\*150.00

DOCUMENT # 479261

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 6005  
RIDGELAND MS 39158

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/14/1975

4. FEI Number

59-1608916

Applied For  
No: 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 owes the current year Intangible  
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

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 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.

(NO E. Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS ☐ DELETE

TITLE DVST  
NAME KETTLESTRINGS, JOSEPH W  
STREET ADDRESS 877 EXE CTR DR W #205  
CITY-ST-ZIP ST PETERSBURG FL 33702

TITLE DP  
NAME FURMAN, ROBERT S  
STREET ADDRESS 715 S. PEAR ORCHARD RD., #400  
CITY-ST-ZIP RIDGELAND MS 39157

TITLE DC  
NAME STUART, JAMES  
STREET ADDRESS 715 S. PEAR ORCHARD RD., #400  
CITY-ST-ZIP RIDGELAND MS 39157

TITLE D  
NAME HAWKINS, DWAYNE.  
STREET ADDRESS 877 EXE CTR DR W #205  
CITY-ST-ZIP ST. PETERSBURG FL 33702

TITLE DV  
NAME MURRAY, JIM C.  
STREET ADDRESS 877 EXE CTR DR W #205  
CITY-ST-ZIP ST. PETERSBURG FL 33702

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☐ Change ☒ Addition

1.1 TITLE D/S/V  
1.2 NAME JOHN E. GOUGH  
1.3 STREET ADDRESS 715 S. PEAR ORCHARD RD. STE 400  
1.4 CITY-ST-ZIP RIDGELAND, MS 39157

2.1 TITLE D/V  
2.2 NAME MIKE D. ANDERSON  
2.3 STREET ADDRESS 715 S. PEAR ORCHARD RD. STE 400  
2.4 CITY-ST-ZIP RIDGELAND, MS 39157

3.1 TITLE D  
3.2 NAME HAROLD A. HOGUE  
3.3 STREET ADDRESS 715 S. PEAR ORCHARD RD. STE 400  
3.4 CITY-ST-ZIP RIDGELAND, MS 39157

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
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, with all other like empowered.

SIGNATURE:

*Harold A. Hogue*

HAROLD A. HOGUE

4/22/99

(601) 978-6732

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)

0649515