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FILED
Jun 10, 2002 8:00 am
Secretary of State

05-13-2002 90154 010 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 479261

1. Entity Name

Gulf Atlantic Insruance Agency, Inc.

DO NOT WRITE IN THIS SPACE

92109

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2. Principal Place of Business	3. Mailing Address
400 Carillon Parkway	P. O. Box 6005
Suite, Apt. #, etc.: Ste 300	Suite, Apt. #, etc.: [illegible]
City & State: St. Petersburg, FL	City & State: Ridgeland, MS
Zip: 33716 Country:	Zip: 39158-6005 Country: USA

4. FEI Number 59-1608916 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

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7. Name and Address of Current Registered Agent

Name: Michael D. Anderson

Street Address (P.O. Box Number is Not Acceptable): 400 Carillon Parkway, Ste 300

City: St. Petersburg, FL Zip Code: 33716

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____ DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	President
NAME	Michael D. Anderson
STREET ADDRESS	400 Carillon Parkway, Ste300
CITY-ST-ZIP	St. Petersburg, FL 33716
TITLE	Secretary
NAME	John E. Gough
STREET ADDRESS	715 S. Pear Orchard Rd. Ste400
CITY-ST-ZIP	Ridgeland, MS 39157
TITLE	Treasurer
NAME	James D. McBrayer
STREET ADDRESS	715 S. Pear Orchard Rd. Ste400
CITY-ST-ZIP	Ridgeland, MS 39157
TITLE	Director
NAME	Michael D. Anderson
STREET ADDRESS	400 Carillon Parkway, Ste300
CITY-ST-ZIP	St. Petersburg, FL 33716
TITLE	Director
NAME	Dwayne Hawkins
STREET ADDRESS	400 Carillon Parkway, Ste 300
CITY-ST-ZIP	St. Petersburg, FL 33716
TITLE	Director
NAME	Adam D. Lamnin
STREET ADDRESS	11222 Quail Roost Drive
CITY-ST-ZIP	Miami, FL 33157

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CR2E034B (12/01)

13. 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 report or supplemental 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: John E. Gough VP/Secretary March 26, 2002

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

John E. Gough