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Secretary of State

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PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # 638810

1. Corporation Name
GILLILAND INSURANCE AGENCY, INC.



Principal Place of Business
464 HARBOR CITY BLVD.
MELBOURNE FL 32935

Mailing Address
P.O. BOX 361877
MELBOURNE FL 32936-1877

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/05/1979

4. FEI Number

58-1396180

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 466 N. Harbor City Blvd.

Suite, Apt. #, etc.

22

City & State

23 Melbourne, Florida

Zip

24 32902

Country

25 USA

2a. Mailing Address

26 P. O. Box 536

Suite, Apt. #, etc.

27

City & State

28 Melbourne, Florida

Zip

29 32902

Country

30 USA

9. Name and Address of Current Registered Agent

POTTER, WILLIAM C.
700 S. BABCOCK STREET, SUITE 400
MELBOURNE FL 32901

10. Name and Address of New Registered Agent

81 Name

PLATT, Jack L.

82 Street Address (P.O. Box Number is Not Acceptable)

520 North Harbor City Boulevard

83

84 City

Melbourne,

FL

85 Zip Code

32902

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

JACK L. PLATT

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

4/23/99

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE
NAME GILLILAND, JOY J.
STREET ADDRESS 464 N. HARBOR CITY BLVD
CITY-ST-ZIP MELBOURNE FL 32936

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

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

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

6.1 TITLE ☐ Change ☐ Addition
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/99 407 259 1234

Date

Daytime Phone #

CR2E034 (11/98)