FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

DEPARTMENT OF STATE

APPROVED AND FILED

95 MAY -1 AM 9:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 660731 (1)

1. GIBRALTAR INSURANCE AGENCY, INC.

Principal Office
4370 S TAMIAMI TRAIL
PO BOX 2078
SARASOTA FL 34231

Mailing Address
4370 S TAMIAMI TRAIL
PO BOX 2078
SARASOTA FL 34231

3. Date Incorporated/Qualified: 03/26/1980
3a. Date of Last Report: 03/25/1994

2. Change of Principal Address
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2a. Mailing Address
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29 30

4. FEI Number: 59-2152937
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. The corporation has liability for intangibles under S. 199.032 Florida Statutes

9. Name and Address of Current Registered Agent

PAVER, PAUL L.
4370 S. TAMIAMI TRAIL
SARASOTA FL 34231

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 section 607.0505, Florida Statutes, the above named corporation submits the statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida. The street address of its registered office and the name of its registered agent are identical to those as stated in item 2 and item 9 of this report. The corporation accepts the appointment as registered agent. Each agent acknowledges the duties of a registered agent under Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE	PDT
NAME	PAVER, PAUL L.
STREET ADDRESS	44370 S. TAMIAMI TRAIL
CITY, ST, ZIP	SARASOTA FL

13. ADDITIONAL NAMES (OFFICERS, ALL DIRECTORS, ETC.)

14. I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same force and 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 Florida Law; and that my name appears above, or on an attached addendum, if applicable.

SIGNATURE: [signature] 4/27/95 922-2516

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0330021 CP