


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

FILED
May 12 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F27417** (7)
1. Corporation Name
GULF AMERICAN FINANCIAL CORPORATION



Principal Place of Business 2013 LIVE OAK BLVD. ST. CLOUD FL 34771 US	Mailing Address 2013 LIVE OAK BLVD. ST. CLOUD FL 34771-8404 US
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2. Principal Place of Business 21		2a. Mailing Address 26		3. Date Incorporated or Qualified 03/30/1981	3a. Date of Last Report 05/30/1996
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		4. FEI Number 59-2078920	Applied For Not Applicable
City & State 23		City & State 28		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
Zip 24	Country 25	Zip 29	Country 30	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No					

9. Name and Address of Current Registered Agent THARPE, BILL 2013 LIVE OAK BLVD. SUITE 100 ST. CLOUD FL 34771				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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	Asst. Secretary	<input checked="" type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	GENTILE, TONY			1.2 NAME	Patty Holloway		
STREET ADDRESS	2013 LIVE OAK BLVD.			1.3 STREET ADDRESS	2013 Live Oak Blvd		
CITY-ST-ZIP	ST. CLOUD FL			1.4 CITY-ST-ZIP	St. Cloud, FL		
TITLE	DC	<input type="checkbox"/> DELETE		2.1 TITLE	President/Chairman	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DAVIS, JAMES B.			2.2 NAME			
STREET ADDRESS	2013 LIVE OAK BLD.			2.3 STREET ADDRESS			
CITY-ST-ZIP	ST.CLOUD FL			2.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		3.1 TITLE	Director/Secretary	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ELAM, PHYLLIS			3.2 NAME			
STREET ADDRESS	2013 LIVE OAK BLVD.			3.3 STREET ADDRESS			
CITY-ST-ZIP	ST.CLOUD FL			3.4 CITY-ST-ZIP			
TITLE	VP	<input type="checkbox"/> DELETE		4.1 TITLE	Asst. Vice President	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	THARPE, BILL			4.2 NAME	Thomas Mioducki		
STREET ADDRESS	2013 LIVE OAK BLVD.			4.3 STREET ADDRESS	2013 Live Oak Blvd.		
CITY-ST-ZIP	ST. CLOUD FL			4.4 CITY-ST-ZIP	St. Cloud, FL		
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		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 do 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]* 4-30-97 407-957-7421
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)