


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

FILED
May 18 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morikane 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 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 111 Second Avenue NE Suite, Apt. #, etc. 22 Suite 300 City & State 23 St Petersburg Florida Zip 24 33701 Country 25 US		2a. Mailing Address 26 111 Second Avenue NE Suite, Apt. #, etc. 27 Suite 300 City & State 28 St Petersburg Florida Zip 29 33701 Country 30 US		3. Date Incorporated or Qualified 03/30/1981	
		4. FEI Number 59-2078920		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No			

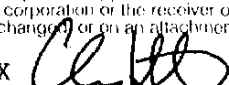
9. Name and Address of Current Registered Agent THARPE, BILL 2013 LIVE OAK BLVD. SUITE 100 ST. CLOUD FL 34771				10. Name and Address of New Registered Agent 81 Name Christopher M Hunter 82 Street Address (P.O. Box Number is Not Acceptable) 111 Second Avenue NE 83 Suite 300 84 City St Petersburg FL 85 Zip Code 33701			
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11. Pursuant to the provisions of Sections 607.0102 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 X  Christopher M. Hunter 4/10/98
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	AS	DELETE <input checked="" type="checkbox"/>	1.1 TITLE	D/P	Change <input type="checkbox"/>	Addition <input checked="" type="checkbox"/>	
NAME	HOLLOWAY, PATTY		1.2 NAME	John W. Sapanski			
STREET ADDRESS	2013 LIVE OAK BLVD.		1.3 STREET ADDRESS	111 Second Avenue NE			
CITY-ST-ZIP	ST. CLOUD FL		1.4 CITY-ST-ZIP	St Petersburg Florida 33701	Change <input type="checkbox"/>	Addition <input checked="" type="checkbox"/>	
TITLE	PC	DELETE <input checked="" type="checkbox"/>	2.1 TITLE	D/VP/T	Change <input type="checkbox"/>	Addition <input checked="" type="checkbox"/>	
NAME	DAVIS, JAMES B.		2.2 NAME	William F. Falzone			
STREET ADDRESS	2013 LIVE OAK BLD.		2.3 STREET ADDRESS	111 Second Avenue NE			
CITY-ST-ZIP	ST. CLOUD FL		2.4 CITY-ST-ZIP	St Petersburg Florida 33701	Change <input type="checkbox"/>	Addition <input checked="" type="checkbox"/>	
TITLE	DS	DELETE <input checked="" type="checkbox"/>	3.1 TITLE	D/VP	Change <input type="checkbox"/>	Addition <input checked="" type="checkbox"/>	
NAME	ELAM, PHYLLIS		3.2 NAME	Michael E Johnson			
STREET ADDRESS	2013 LIVE OAK BLVD.		3.3 STREET ADDRESS	111 Second Avenue NE			
CITY-ST-ZIP	ST. CLOUD FL		3.4 CITY-ST-ZIP	St Petersburg Florida 33701	Change <input type="checkbox"/>	Addition <input checked="" type="checkbox"/>	
TITLE	VP	DELETE <input checked="" type="checkbox"/>	4.1 TITLE	S	Change <input type="checkbox"/>	Addition <input checked="" type="checkbox"/>	
NAME	THARPE, BILL		4.2 NAME	Christopher M. Hunter			
STREET ADDRESS	2013 LIVE OAK BLVD.		4.3 STREET ADDRESS	111 Second Avenue NE			
CITY-ST-ZIP	ST. CLOUD FL		4.4 CITY-ST-ZIP	St Petersburg Florida 33701	Change <input type="checkbox"/>	Addition <input checked="" type="checkbox"/>	
TITLE		DELETE <input type="checkbox"/>	5.1 TITLE	400002502734	Change <input type="checkbox"/>	Addition <input type="checkbox"/>	
NAME			5.2 NAME	-04/28/98-01050-013			
STREET ADDRESS			5.3 STREET ADDRESS	***1350.00			
CITY-ST-ZIP			5.4 CITY-ST-ZIP				
TITLE		DELETE <input type="checkbox"/>	6.1 TITLE		Change <input type="checkbox"/>	Addition <input type="checkbox"/>	
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS				
CITY-ST-ZIP			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.

SIGNATURE: X  Christopher M. Hunter, Secretary 4/10/98
813-823-7300

CR2E034 (10/97)