

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # G38038

(7)

1. Corporation Name

GULF WIND INSURORS, INC.



Principal Place of Business

Mailing Address

4055 TAMiami TRAIL #29
PORT CHARLOTTE FL 33952

POST OFFICE BOX 895
MURDOCK FL 33938

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc

26 P.O. Box 380895
Suite, Apt. #, etc

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29 33938

30

Charlotte

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

05/11/1983

3a. Date of Last Report

06/14/1995

4. FEI Number

59-2268937

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 has liability for intangible tax under s. 199.032,
Florida Statutes

☒

Yes

☐

No

10. Name and Address of New Registered Agent

SMARRELLI, LINDA
6086 GILLOT BLVD.
PORT CHARLOTTE FL 33981

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:

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

(NOTE: Registered Agent's signature required when reinstating.)

Date:

12. OFFICERS AND DIRECTORS

TITLE PD
NAME SMARRELLI, LINDA A
STREET ADDRESS 6086 GILLOT BLVD.
CITY-ST-ZIP PORT CHARLOTTE FL 33981

☐ DELETE

TITLE V
NAME PETROSINO, VANESSA
STREET ADDRESS 27 HARGROVE DR.
CITY-ST-ZIP STONY BROOK NY 11720

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

☐

Change

☐

Addition

☐

Change

☐

Addition

☐

Change

☐

Addition

☐

Change

☐

Addition

☐

Change

☐

Addition

☐

Change

☐

Addition

☐

Change

☐

Addition

☐

Change

☐

Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 unchanged or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LINDA A. SMARRELLI, PRESIDENT

Date

7/9/96 941-625-6466

Business Phone

CR2E034 (3/96)