FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAR 27 PM 3:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # H24167 (9)

1. Corporation Name

EXECUTIVE INSURANCE AGENCY-GOLD COAST, INC.

Principal Place of Business	Mailing Address
12773 WEST FOREST HILL BLVD. SUITE 1214 WELLINGTON FL 33414	12773 WEST FOREST HILL BLVD. SUITE 1214 WELLINGTON FL 33414

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 10/05/1984
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business	2a. Mailing Address
21 1500 CORPORATE CENTER WAY	26 1500 CORPORATE CENTER WAY
Suite, Apt. #, etc. 22 SUITE 203	Suite, Apt. #, etc. 27 SUITE 203
City & State 23 WELLINGTON, FL	City & State 28 WELLINGTON, FL
Zip 24 33414 Country 25	Zip 29 33414 Country 30

4. FEI Number: 31-1110544 ☐ 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

9. Name and Address of Current Registered Agent

SEIFERT CHERYL A
12773 W. FOREST HILL BLVD.
SUITE 1214
WELLINGTON FL 33414

10. Name and Address of New Registered Agent

81 Name: STEVEN W McDOUGALD
82 Street Address (P.O. Box Number is Not Acceptable): 1500 CORPORATE CENTER WAY
83: SUITE 203
84 City: WELLINGTON FL 85 Zip Code: 33414

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: S McDougald STEVE McDOUGALD VICE PRESIDENT 3/22/95
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	C	1.1 TITLE		☐ Change ☐ Addition
NAME	RYBKA, LAWRENCE S.	1.2 NAME		
STREET ADDRESS	11686 MAIDSTONE DRIVE	1.3 STREET ADDRESS		
CITY-ST-ZIP	WELLINGTON FL	1.4 CITY-ST-ZIP		
TITLE	P	2.1 TITLE		☒ Change ☐ Addition
NAME	SEIFERT, CHERYL A	2.2 NAME		
STREET ADDRESS	12772 W.FOREST HILL BLVD	2.3 STREET ADDRESS	567 HAMPSHIRE ROAD	
CITY-ST-ZIP	WELLINGTON FL	2.4 CITY-ST-ZIP	FAIRLAWN, OH 44333	
TITLE	V	3.1 TITLE		☐ Change ☐ Addition
NAME	MCDOUGALD, STEVE	3.2 NAME		
STREET ADDRESS	12773 W FOREST HILL BLVD	3.3 STREET ADDRESS		
CITY-ST-ZIP	WELLINGTON FL	3.4 CITY-ST-ZIP		
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ 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 is voluntarily furnished and 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: S McDougald STEVE McDOUGALD 3/22/95 407/775-5100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number