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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 13 PM 12:38

DOCUMENT # **P38830** **(6)**

1. Corporation Name
GAKEER FINANCIAL AGENCY, INC.

Principal Place of Business	Mailing Address
15 W. CHURCH ST. SUITE 201 ORLANDO FL 32801 US	15 W. CHURCH ST. SUITE 201 ORLANDO FL 32801 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **05/13/1992**
3a. Date of Last Report: **03/17/1994**

2. Principal Place of Business (21) / 2a. Mailing Address (26)
Suite, Apt. #, etc. (22) / Suite, Apt. #, etc. (27)
City & State (23) / City & State (28)
Zip (24) / County (25) / Zip (29) / County (30)

4. FEI Number: **34-1294523** ☐ 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

O'BRIEN, FRANK C.
15 W. CHURCH ST. #201
ORLANDO FL 32801

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DCP	11 TITLE		☐ Change ☐ Addition
NAME	O'BRIEN, FRANK C.	12 NAME		
STREET ADDRESS	104 CAMPHOR TREE LANE	13 STREET ADDRESS		
CITY-ST-ZIP	ALTAMONTE SPNG. FL	14 CITY-ST-ZIP		
TITLE	DVC	21 TITLE		☐ Change ☐ Addition
NAME	O'BRIEN, GAYLE T.	22 NAME		
STREET ADDRESS	104 CAMPHOR TREE LANE	23 STREET ADDRESS		
CITY-ST-ZIP	ALTAMONTE SPNG. FL	24 CITY-ST-ZIP		
TITLE	D	31 TITLE		☐ Change ☐ Addition
NAME	HARRINGTON, KELLI O.	32 NAME		
STREET ADDRESS	704 AMELIA ST.	33 STREET ADDRESS		
CITY ST ZIP	ORLANDO FL	34 CITY-ST-ZIP		
TITLE	D	41 TITLE		☐ Change ☐ Addition
NAME	DITTO, ERIN O.	42 NAME		
STREET ADDRESS	11215 OAKLEAF DR., SUITE 1619	43 STREET ADDRESS	10932 STARR RD.	
CITY ST ZIP	SILVER SPGS. MD	44 CITY-ST-ZIP	WAKE FORREST, NC 27587	
TITLE	VP	51 TITLE		☐ Change ☐ Addition
NAME	O'BREIN, FRANK C.	52 NAME		
STREET ADDRESS	104 CAMPHOR TREE LANE	53 STREET ADDRESS		
CITY ST ZIP	ALTAMONTE SPNG. FL	54 CITY ST ZIP		
TITLE	S	61 TITLE		☐ Change ☐ Addition
NAME	O'BRIEN, GAYLE T.	62 NAME		
STREET ADDRESS	104 CAMPHOR TREE LANE	63 STREET ADDRESS		
CITY ST ZIP	ALTAMONTE SPNG. FL	64 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)(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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Gayle T. O'Brien GAYLE T. O'BRIEN 4/10/95 407-246-1575
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0083068 CP