## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

A MARABAN NA KAMARANI ARBIN ARBIN ARBIN ARBIN ARBIN ARBIN ARBIN ARBIN KAMARAN KARAN KERITA ARBIN ARBIN

5/18/96 941-761-0919

1996

STREET ADDRESS

SIGNATURE:

CITY - ST - ZIP

P9400000179 (9) DOCUMENT #

G & K INSURANCE AGENCY, INC.

| Principal Place of Business Mailing Address  3504 OORTEZ ROAD WEST HS21 CORTEZ RD.: W. BRADENTON FL 34207  BRADENTON FL 34207 |   |  |                             |  |   |
|---|---|--|-----------------------------|--|---|
|   |   | U\$  | US                          |  | 3a. Date of Last Report<br>04/19/1995       |
| 2. Principal Pla  |   | 2a. Mailing Address  | W / - )                     | 4. FEI Number  | Applied For                                 |
| 21 4404   | A 574 ST W  |  | 7 ST W                      | 65-0455156   | Not Applicable                              |
| Suite, Apt. #   | , etc.  | Suite, Apt. #, etc.  |                             | 5. Certificate of Status Desired   | \$8.75 Additional Fee Required              |
| City & State  | denton, FC  | City & State  28 BRADENTO  | W,FL                        | 6. Election Campaign Financing<br>Trust Fund Contribution  | S \$5.00 May Be Added to Fees               |
| Zip   | Country   | Zip  | Country<br>30 MANTER        | 8. This corporation has liability for Florida Statutes   | intangible tax under s 199.032,             |
| 24 349  | 9. Name and Address of Cu   | rent Registered Agent  | 30 MANON CC                 | 10. Name and Address of New F  |   |
|   | e. Name and Address of Co   | Ton hegistered agent   | 81 Name                     |  |   |
| CETTE   | MHEG C  |  | 20 00 110                   |  | NEDY  |
| GETTEL, JAMES C. 1621 CORTEZ RD., W.  |   |  |                             | ress (P.O. Box Number is Not Acceptated 440 / A 57 5   | WEST  |
|   | TON FL 34207  |  | 83                          | 0 1  |   |
| DNADER  | TION IL 04201   |  |                             | DARGENTON  | 12-1 7: 0-1                                 |
|   |   |  | 84 City                     | ,  | FL 85 Zip Code 342/0                        |
| or register<br>familiar wit<br>SIGNATURE: _   | ed agent, or both, in the State of I<br>th, and accept the obligations of I | Forma. Such change was authorize<br>section 607.0505, Florida Statutes | ed by the corporation's boa | oration submits this statement for the pure and of directors. I hereby accept the appreciations to the pure the | ointment as régistered agent. I am  5/18/96 |
| 12.   |   | AND DIRECTORS  | 13.                         | ADDITIONS/CHANGES TO OFF   | ICERS AND DIRECTORS IN 12                   |
| TITLE   | D   | <b>IX</b> DELETE   | 1. 1 THILE                  |  | ☐ Change ☐ Addition                         |
| NAME  | GETTEL, JAMES C   | ~  | 1.2 NAME                    |  |   |
| STREET ADDRESS  | 2504 CORTEZ ROAD WE   | ST   | 1.3 STREET ADDRESS          |  |   |
| CITY-ST-ZIP   | BRADENTON FL 34207  |  | 1.4 CITY - ST - ZIP         |  |   |
| TITLE   | D   | DELETE   | 2. 1 TILLE                  |  | Change  Addition                            |
| NAME  | KENNEDY, CHARLES L  |  | 2 2 NAME                    | -4   |   |
| STREET ADDRESS  | 2504 CORTEZ ROAD WE   | ST 440   | 2.3 STREET ADDRESS          | Bradenton, PC  | OES/  |
| CITY-ST-ZIP   | BRADENTON FL 34207  |  | 2.4 CITY+ST-ZIP             | BrAdenton, PC  | 34210                                       |
| TITLE   |   | DELETE   | 3 1 TITLE                   |  | Change Addition                             |
| NAME  |   |  | 3.2 NAME                    |  |   |
| STREET ADDRESS  |   |  | 3.3 STREET ADDRESS          |  |   |
| CITY-ST-ZIP   |   |  | 3.4 CITY - \$1 - ZIP        |  |   |
| TITLE   |   | DELFTE   | 4. 1 T-TLE                  |  | Change Addition                             |
| NAME  | 1   |  | 4.2 NAME                    |  |   |
| STREET ADDRESS  |   |  | 4.3 STREET ADDRESS          |  |   |
| CITY-ST-ZIP   |   |  | 4.4 CITY - ST - ZIP         |  |   |
| THILE   |   | DELETE   | 5 1 TITLE                   |  | Change Addition                             |
| NAME  |   | •  | 5.2 NAME                    |  |   |
| STREET ADDRESS  |   |  | 5 3 STREET ADDRESS          |  |   |
| CITY-ST-ZIP   |   |  | 5 4 CITY - ST - ZIP         |  |   |
| TITLE   |   | DELETE   | 6 1 TITLE                   |  | Change Addition                             |
| NAME  |   | WAR OF   | 6.2 NAME                    |  |   |
| STREET ADDRESS  |   |  | 6.3 STREET ADDRESS          |  |   |
|   |   |  |                             |  |   |

6.4 CITY - \$1 - 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 earlt; 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.

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR