2008 FOR PROFIT CORPORATION ANNUAL REPORT

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Secretary of State

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1. Entity Name
GULFPORT GUARANTY & FIDELITY CORPORATION

Principal Place of Business
PO BOX 012949
MIAMI, FL 33101-2494 US

Mailing Address
PO BOX 012949
MIAMI, FL 33101 US

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1100427 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CROGAN, KATHLEEN
100 S. BISCAYNE BLVD
STE 1100
MIAMI, FL 33131

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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

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

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	SVD
NAME	CROGAN, KATHLEEN
STREET ADDRESS	100 S. BISCAYNE BLVD., # 1100
CITY-ST-ZIP	MIAMI, FL 33131
TITLE	PD
NAME	HOLLO, TIBOR
STREET ADDRESS	100 S. BISCAYNE BLVD., # 1100
CITY-ST-ZIP	MIAMI, FL 33131
TITLE	VP
NAME	HOLLO, WAYNE R
STREET ADDRESS	100 S. BISCAYNE BLVD
CITY-ST-ZIP	MIAMI, FL 33131
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 4.8.08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #