

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

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PROFIT CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **533356** (2)

1. Corporation Name

**ARTHUR J. GALLAGHER & CO. (FLORIDA)**



Principal Place of Business	Mailing Address
8355 NW 53 ST C/O PRENTICE-HALL CORPORATION SYSTEM, INC. MIAMI FL 33166 US	TWO PIERCE PLACE C/O PRENTICE-HALL CORPORATION SYSTEM, INC. ITASCA IL 60143-3141 US

3. Date Incorporated or Qualified <b>05/06/1977</b>	3a. Date of Last Report <b>05/01/1995</b>
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2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

4. FEI Number <b>59-1743669</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
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8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No
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**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

**PRENTICE-HALL CORPORATION SYSTEM, INC.  
110 NORTH MAGNOLIA STREET  
TALLAHASSEE FL 32301**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 \_\_\_\_\_  
(NOTE: Registered Agent signature required when registering)

12. OFFICERS AND DIRECTORS		DELETED
TITLE	<b>D</b>	<input checked="" type="checkbox"/>
NAME	<b>GALLAGHER, JOHN P</b>	
STREET ADDRESS	<b>8355 NW 53 ST S215</b>	
CITY - ST - ZIP	<b>MIAMI FL</b>	
TITLE	<b>VPT</b>	<input type="checkbox"/>
NAME	<b>CLOHERTY, MICHAEL J</b>	
STREET ADDRESS	<b>8355 NW 53 ST S215</b>	
CITY - ST - ZIP	<b>MIAMI FL</b>	
TITLE	<b>AVP</b>	<input type="checkbox"/>
NAME	<b>WILLIAMS, JOSEPH G</b>	
STREET ADDRESS	<b>8355 NW 53 ST S215</b>	
CITY - ST - ZIP	<b>MIAMI FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/>
NAME	<b>GALLAGHER, ROBERT E</b>	
STREET ADDRESS	<b>8355 NW 53 ST S215</b>	
CITY - ST - ZIP	<b>MIAMI FL</b>	
TITLE	<b>AT</b>	<input type="checkbox"/>
NAME	<b>STRAUCH, MARK P.</b>	
STREET ADDRESS	<b>8355 NW 53 ST S215</b>	
CITY - ST - ZIP	<b>MIAMI FL</b>	
TITLE	<b>AS</b>	<input type="checkbox"/>
NAME	<b>FASIG, CARL E.</b>	
STREET ADDRESS	<b>8355 NW 53 ST S215</b>	
CITY - ST - ZIP	<b>MIAMI FL</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY - ST - ZIP			
2.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY - ST - ZIP			
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY - ST - ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY - ST - ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY - ST - ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
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)(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: *Mark P. Strauch*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TREAS. **4-22-96** 708-285-3465  
Date Daytime Phone #

CR2E034 (12/95)

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**ARTHUR J. GALLAGHER & CO. (FLORIDA)**

**Incorporated** : Florida  
**Date** : 05/06/77  
**% Ownership** : 100% Arthur J. Gallagher & Co.  
**Federal ID #** : 59-1743669

**CAPITAL STOCK:**

**Common**  
Price/Par Value: \$1.00  
Authorized: 1,000  
Outstanding: 1,000

**DIRECTORS:** Currently Authorized: 3

Michael J. Cloherty                      Director  
J. Patrick Gallagher, Jr.              Director  
Gary M. Van der Voort                  Director

**OFFICERS:**

J. Patrick Gallagher, Jr.              President  
Joseph Besnard, Jr.                    Area President  
Gregory Butterfield                    Area President  
David L. Marcus                        Area President  
Glenn R. Tobey                         Area President  
Michael J. Cloherty                    Vice President - Finance  
John C. Rosengren                      Vice President and General Counsel  
David R. Long                            Vice President  
Gary M. Van der Voort                  Vice President  
Antonio B. Abella                      Area Vice President  
Brian P. McPartland                    Area Vice President  
Donald Miller                            Area Vice President  
William E. Nelson                      Area Vice President  
G. Joseph Williams                    Area Vice President  
Nayla Zacur                             Area Vice President  
Mark P. Strauch                        Treasurer  
David B. Hoch                          Controller  
Andres Santa                            Area Controller  
Carl E. Fasig                            Secretary  
Christine D. Greb                        Assistant Secretary

**Purpose of business:**  
Insurance Agency and Brokerage

**Primary Address:**  
Koger Executive Center  
8355 N.W. 53rd Street, Suite 215  
Miami, FL 33166