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**May 01 1997 8:00am
Secretary of State**



PROFIT CORPORATION ANNUAL REPORT 1997

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 8355 NW 53 ST C/O PRENTICE-HALL CORPORATION SYSTEM, INC. MIAMI FL 33166 US	Mailing Address TWO PIERCE PLACE C/O PRENTICE-HALL CORPORATION SYSTEM, INC. ITASCA IL 60143-1203 US
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3. Date Incorporated or Qualified 05/06/1977	3a. Date of Last Report 05/01/1996
4. FEI Number 59-1743669	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent
**PRENTICE-HALL CORPORATION SYSTEM, INC.
110 NORTH MAGNOLIA STREET
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VPT <input type="checkbox"/> DELETE	1.1 TITLE	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLOHERTY, MICHAEL J	1.2 NAME	
STREET ADDRESS	8355 NW 53 ST S215	1.3 STREET ADDRESS	TWO PIERCE PLACE
CITY- ST- ZIP	MIAMI FL	1.4 CITY- ST- ZIP	ITASCA, IL
TITLE	AVP <input type="checkbox"/> DELETE	2.1 TITLE	ASVP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAMS, JOSEPH G	2.2 NAME	
STREET ADDRESS	8355 NW 53 ST S215	2.3 STREET ADDRESS	8300 NW 53RD STREET, SUITE 350
CITY- ST- ZIP	MIAMI FL	2.4 CITY- ST- ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	PRES <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GALLAGHER, ROBERT E	3.2 NAME	J. PATRICK GALLAGHER, JR.
STREET ADDRESS	8355 NW 53 ST S215	3.3 STREET ADDRESS	TWO PIERCE PLACE
CITY- ST- ZIP	MIAMI FL	3.4 CITY- ST- ZIP	ITASCA, IL
TITLE	AT <input type="checkbox"/> DELETE	4.1 TITLE	TRE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STRAUCH, MARK P.	4.2 NAME	
STREET ADDRESS	8355 NW 53 ST S215	4.3 STREET ADDRESS	TWO PIERCE PLACE
CITY- ST- ZIP	MIAMI FL	4.4 CITY- ST- ZIP	ITASCA, IL
TITLE	AS <input type="checkbox"/> DELETE	5.1 TITLE	SEC <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FASIG, CARL E.	5.2 NAME	
STREET ADDRESS	8355 NW 53 ST S215	5.3 STREET ADDRESS	TWO PIERCE PLACE
CITY- ST- ZIP	MIAMI FL	5.4 CITY- ST- ZIP	ITASCA, IL
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	BARY M. VAN DER VOORT
STREET ADDRESS		6.3 STREET ADDRESS	TWO PIERCE PLACE
CITY- ST- ZIP		6.4 CITY- ST- ZIP	ITASCA, IL

14. I do hereby certify that the information supplied with this filing 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: *[Signature]* _____, TREASURER 4-24-97 630-773-3800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)

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. Cloherly	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. Cloherly	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 Senior Vice President
Donald Miller	Area Senior Vice President
G. Joseph Williams	Area Senior Vice President
Brian P. McPartland	Area Vice President
William E. Nelson	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
8300 N.W. 53rd Street, Suite 350
Miami, FL 33166