


**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 24, 2003 8:00 am
Secretary of State

03-24-2003 90210 011 ***150.00

DOCUMENT # F01000005244

1. Entity Name
BROWN & BROWN OF MISSOURI, INC.



Principal Place of Business
9666 OLIVE BLVD., SUITE 200
ST. LOUIS MO

Mailing Address
9666 OLIVE BLVD., SUITE 200
ST. LOUIS MO



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number **43-1924523** Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

7. Name and Address of New Registered Agent

Name _____
Street Address (P.O. Box Number Is Not Acceptable) _____
City _____ **FL** Zip Code _____

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE	CD	<input type="checkbox"/> Delete
NAME	BROWN, J. HYATT	
STREET ADDRESS	220 SOUTH RIDGEWOOD AVE.	
CITY-ST-ZIP	DAYTONA BEACH FL 32114	
TITLE	P	<input type="checkbox"/> Delete
NAME	HENDERSON, JIM W	
STREET ADDRESS	220 SOUTH RIDGEWOOD AVE.	
CITY-ST-ZIP	DAYTONA BEACH FL 32114	
TITLE	V	<input type="checkbox"/> Delete
NAME	DALY, DANIEL K	
STREET ADDRESS	9666 OLIVE BLVD., SUITE 200	
CITY-ST-ZIP	ST. LOUIS MO 63132-3012	
TITLE	VS	<input type="checkbox"/> Delete
NAME	GRAMMIG, LAUREL L	
STREET ADDRESS	401 E. JACKSON STREET, SUITE 1700	
CITY-ST-ZIP	TAMPA FL 33602	
TITLE	VAS	<input type="checkbox"/> Delete
NAME	DONEGAN, THOMAS M JR.	
STREET ADDRESS	401 E. JACKSON STREET, SUITE 1700	
CITY-ST-ZIP	TAMPA FL 33602	
TITLE	T	<input type="checkbox"/> Delete
NAME	WALKER, CORY T	
STREET ADDRESS	220 SOUTH RIDGEWOOD AVE.	
CITY-ST-ZIP	DAYTONA BEACH FL 32114	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I 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 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: *Daniel K. Daly* **Daniel K. Daly** 3-4-03 314-692-0300

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

CR2E034 (10/02)