FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

3-2-95 B 772765

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED

'95 MAR -2 PM 3:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F76798 (0)

1. Corporation Name

HILB, ROGAL AND HAMILTON COMPANY OF FORT MYERS

Principal Place of Business	Mailing Address
1614 COLONIAL BLVD. (33907) P.O. BOX 6188 FORT MYERS FL 33907-1130	1614 COLONIAL BLVD. (33907) P.O. BOX 6188 FORT MYERS FL 33907-1130

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 04/19/1982
3a. Date of Last Report: 03/25/1994

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

4. FEI Number: 62-1135526 ☐ Applied For ☐ Not Applicable

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

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

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CD	1.1 TITLE		☐ Change ☐ Addition
NAME	HILB, ROBERT H.	1.2 NAME		
STREET ADDRESS	8901 GINGER WAY COURT	1.3 STREET ADDRESS		
CITY-ST-ZIP	RICHMOND VA	1.4 CITY-ST-ZIP		
TITLE	VD	2.1 TITLE	Andrew Rogal	XX Change ☐ Addition
NAME	ROGAL, ALVIN	2.2 NAME	528 Briarcliff Road	
STREET ADDRESS	5000 FIFTH AVENUE	2.3 STREET ADDRESS	Pittsburgh, PA 15221	
CITY-ST-ZIP	PITTSBURGH PA	2.4 CITY-ST-ZIP		
TITLE	VD	3.1 TITLE	John C. Adams, Jr.	XX Change ☐ Addition
NAME	HAMILTON, DAVID W.	3.2 NAME	11205 Wellesley Harris Ct.	
STREET ADDRESS	3832 BROOK HOLLOW LANE	3.3 STREET ADDRESS	Richmond, VA 23233	
CITY-ST-ZIP	BIRMINGHAM AL	3.4 CITY-ST-ZIP		
TITLE	P	4.1 TITLE		X Change ☐ Addition
NAME	DANNENHAUER, DANIEL G.	4.2 NAME		
STREET ADDRESS	3977 WOODLAKE DRIVE	4.3 STREET ADDRESS		
CITY-ST-ZIP	BONITA BAY FL	4.4 CITY-ST-ZIP	Bonita Springs, Fl 33923	
TITLE	T	5.1 TITLE		X Change ☐ Addition
NAME	KORMAN, TIMOTHY J.	5.2 NAME		
STREET ADDRESS	625 PLEASANT HILL DRIVE	5.3 STREET ADDRESS	11730 Hazelton Drive	
CITY-ST-ZIP	RICHMOND VA	5.4 CITY-ST-ZIP	Richmond, VA 23236	
TITLE	AT	6.1 TITLE		☐ Change ☐ Addition
NAME	MINER, BOBBIE S.	6.2 NAME		
STREET ADDRESS	708 SW 6TH ST.	6.3 STREET ADDRESS		
CITY-ST-ZIP	CAPE CORAL FL	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)(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: Bobbie S. Miner Bobbie S. Miner, Assistant Treasurer 2/24/95 813/939-
SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER — Date — Daytime Phone #

0321443 CP