FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 10 PM 1:14

DOCUMENT # F76800 (4)

1. Corporation Name
HILB, ROGAL AND HAMILTON COMPANY OF ORLANDO

Principal Place of Business	Mailing Address
201 E. PINE ST., #400 P.O. BOX 871 ORLANDO FL 32801 US	201 E. PINE ST., #400 P.O. BOX 871 ORLANDO FL 32802-0871 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 04/19/1982
3a. Date of Last Report: 01/28/1994

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

4. FEI Number: 62-1135532 ☐ 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.
1201 HAYS STREET
SUITE 105
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	D	1.1 TITLE	President XX Change [X] Addition
NAME	ROGAL, ANDREW L.	1.2 NAME	MacKenzie, J. Gregory
STREET ADDRESS	333 FORBES AVE.	1.3 STREET ADDRESS	288 Cambridge Dr.
CITY-ST-ZIP	PITTSBURGH PA	1.4 CITY-ST-ZIP	Longwood, FL 32779
TITLE	D	2.1 TITLE	Chairman XX Change [ ] Addition
NAME	ADAMS, JOHN C., JR.	2.2 NAME	Schaffner, William
STREET ADDRESS	1616 S. PENINSULA DRIVE	2.3 STREET ADDRESS	112 Cedar Point Lane
CITY-ST-ZIP	DAYTONA BEACH FL	2.4 CITY-ST-ZIP	Longwood, FL 32779
TITLE	S	3.1 TITLE	☐ Change ☐ Addition
NAME	FOX, DIANNE F.	3.2 NAME	
STREET ADDRESS	~~6804 GEORGIE DR~~ 9415 Sir Barry Dr.	3.3 STREET ADDRESS	
CITY-ST-ZIP	MECHANICSVILLE VA Richmond, VA	3.4 CITY-ST-ZIP	
TITLE	T	4.1 TITLE	☐ Change ☐ Addition
NAME	KORMAN, TIMOTHY J	4.2 NAME	
STREET ADDRESS	~~635 PLEASANT HILL DR~~ 11730 Hazelton Dr	4.3 STREET ADDRESS	
CITY-ST-ZIP	RICHMOND, VA 00000	4.4 CITY-ST-ZIP	
TITLE	P	5.1 TITLE	☐ Change ☐ Addition
NAME	SCHAFFNER, WILLIAM	5.2 NAME	
STREET ADDRESS	112 CEDAR POINT LANE	5.3 STREET ADDRESS	
CITY-ST-ZIP	LONGWOOD FL	5.4 CITY-ST-ZIP	
TITLE	VD	6.1 TITLE	☐ Change ☐ Addition
NAME	HILB, ROBERT H	6.2 NAME	
STREET ADDRESS	8901 GINGER WAY CT	6.3 STREET ADDRESS	
CITY-ST-ZIP	RICHMOND VA	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: Charlotte Brakebill 2-3-95 407-841-2250
SIGNATURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
CHARLOTTE BRAKEBILL

0063700 CP