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FILED

May 13 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 # 147508 (6)

1. Corporation Name

HILB, ROGAL AND HAMILTON COMPANY OF DAYTONA BEACH, INC.

Principal Place of Business

Mailing Address

115 N RIDGEWOOD AVE  
PO BOX 70  
DAYTONA BEACH FL 32115-7070

115 N RIDGEWOOD AVE  
PO BOX 70  
DAYTONA BEACH FL 32115-0070



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

24 Country

28 Zip

29 Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.  
1201 HAYS STREET  
SUITE 105  
TALLAHASSEE FL 32301

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

Signature typed or printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	CD	<input type="checkbox"/> DELETE
NAME	ADAMS, JOHN C., JR.	
STREET ADDRESS	115 N RIDGEWOOD AVE.	
CITY-STATE-ZIP	DAYTONA BEACH, FL 00000	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	HILB, ROBERT H.	
STREET ADDRESS	4235 INNSLAKE DR.	
CITY-STATE-ZIP	GLEN ALLEN VA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ROGAL, ANDREW L.	
STREET ADDRESS	333 FORBES AVENUE	
CITY-STATE-ZIP	PITTSBURGH PA	
TITLE	P	<input type="checkbox"/> DELETE
NAME	VINCENT, D. GLENN	
STREET ADDRESS	115 N RIDGEWOOD AVE.	
CITY-STATE-ZIP	DAYTONA BCH. FL	
TITLE	VT	<input type="checkbox"/> DELETE
NAME	BAYLOR, VIRGINIA	
STREET ADDRESS	115 N RIDGEWOOD AVE.	
CITY-STATE-ZIP	DAYTONA BEACH, FL 00000	
TITLE	V	<input type="checkbox"/> DELETE
NAME	BULTMAN, CHAARLES F JR	
STREET ADDRESS	115 N RIDGEWOOD AVE	
CITY-STATE-ZIP	DAYTONA BEACH FL 32114	

1.1 TITLE	Only 503	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-STATE-ZIP	ZIP 32114	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-STATE-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-STATE-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-STATE-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-STATE-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-STATE-ZIP		

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:

Virginia S. Baylor VIRGINIA S. BAYLOR

Date

Daytime Phone #

4/29/97 904 252-3701

CR2E034 (9/96)