

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 04, 1999 8:00 am
Secretary of State

03-04-1999 90133 029 ***150.00

DOCUMENT # 147508

1. Corporation Name

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

Principal Place of Business

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

Mailing Address

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/20/1946

4. FEI Number

59-0549231

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 owes the current year Intangible
Personal Property Tax.

☐ Yes ☐ No

2. Principal Place of Business

21 4235 Innslake Drive
Suite, Apt. #, etc.

2a. Mailing Address

26 4235 Innslake Dr
Suite, Apt. #, etc.

City & State

23 Glen Allen, VA
Zip Country

City & State

28 Glen Allen, VA
Zip Country

24 23060 25

29 23060 30

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	C	<input checked="" type="checkbox"/> DELETE
NAME	ADAMS, JOHN C., JR.	
STREET ADDRESS	115 N RIDGEWOOD AVE.	
CITY-ST-ZIP	DAYTONA BEACH, FL 00000	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	KORMAN, TIMOTHY J.	
STREET ADDRESS	4235 INNSLAKE DR.	
CITY-ST-ZIP	GLEN ALLEN VA 23060	
TITLE	DVP	<input type="checkbox"/> DELETE
NAME	ROGAL, ANDREW L.	
STREET ADDRESS	4235 INNSLAKE DR	
CITY-ST-ZIP	GLEN ALLEN VA 23060	
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	VINCENT, D. GLENN	
STREET ADDRESS	115 N RIDGEWOOD AVE.	
CITY-ST-ZIP	DAYTONA BCH. FL	
TITLE	VT	<input checked="" type="checkbox"/> DELETE
NAME	BAYLOR, VIRGINIA	
STREET ADDRESS	115 N RIDGEWOOD AVE.	
CITY-ST-ZIP	DAYTONA BEACH, FL 00000	
TITLE	DAS	<input type="checkbox"/> DELETE
NAME	SMITH, WALTER L.	
STREET ADDRESS	4235 INNSLAKE DR	
CITY-ST-ZIP	GLEN ALLEN VA 23060	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	VPD
2.3 STREET ADDRESS	Korman, Timothy J.
2.4 CITY-ST-ZIP	4235 Innslake Dr Glen Allen, VA 23060
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	PD
3.3 STREET ADDRESS	Rogal, Andrew L.
3.4 CITY-ST-ZIP	4235 Innslake Dr Glen Allen, VA 23060
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	T
4.3 STREET ADDRESS	Jones, Carolyn
4.4 CITY-ST-ZIP	4235 Innslake Dr. Glen Allen, VA 23060
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	DS
6.3 STREET ADDRESS	Smith, Walter L.
6.4 CITY-ST-ZIP	4235 Innslake Dr. Glen Allen, VA 23060

14. 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/1/99

810.4 747610

CR2E034 (1/98)