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

APPROVED AND FILED
95 APR -3 PM 1:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **149499** **(6)**

1. Corporation Name

HILB, ROGAL AND HAMILTON COMPANY OF GAINESVILLE, FLORIDA, INC.

Principal Place of Business	Mailing Address
502 N.W. 16TH AVENUE GAINESVILLE FL 32601 US	P.O. BOX 1640 GAINESVILLE FL 32602 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/01/1946	3a. Date of Last Report: 03/24/1994
4. FEI Number: 59-0368350	☐ 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
7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 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 _____ 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	VPD	11 TITLE	VP	☐ Change ☒ Addition
NAME	HILB, ROBERT H.	12 NAME	Barbara J. Ellison	
STREET ADDRESS	502 N W 16TH AVE	13 STREET ADDRESS	502 N W 16th Ave	
CITY-ST-ZIP	GAINESVILLE, FL 00000	14 CITY-ST-ZIP	Gainesville, FL 32602	
TITLE	CEO	21 TITLE	VP	☐ Change ☒ Addition
NAME	TREWEEK, HERBERT G.	22 NAME	Shelby B. Wells	
STREET ADDRESS	502 N W 16TH AVE	23 STREET ADDRESS	502 N W 16th Avenue	
CITY-ST-ZIP	GAINESVILLE, FL 00000	24 CITY-ST-ZIP	Gainesville, FL 32602	
TITLE	P	31 TITLE	Asst Sec	☐ Change ☒ Addition
NAME	TREWEEK, TIM	32 NAME	Walter L. Smith	
STREET ADDRESS	502 NW 16TH VE	33 STREET ADDRESS	502 N W 16th Avenue	
CITY-ST ZIP	GAINSVILLE,F L 00000	34 CITY-ST-ZIP	Gainesville, FL 32602	
TITLE	T	41 TITLE		☐ Change ☐ Addition
NAME	KORMAN, TIMOTHY J.	42 NAME		
STREET ADDRESS	502 NW 16TH VE	43 STREET ADDRESS		
CITY ST ZIP	GAINSVILLE,F L 00000	44 CITY-ST-ZIP		
TITLE	S	51 TITLE		☐ Change ☐ Addition
NAME	FOX, DIANNE F.	52 NAME		
STREET ADDRESS	502 NW 16TH AV.E	53 STREET ADDRESS		
CITY ST ZIP	GAINESVILLE FL	54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 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: Timothy J. Treweek 3/29/95 (904)378-2511
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL — Date — Daytime Phone #
Timothy J. Treweek, President

0411003 FP