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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT #

149499

(6)

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

Principal Place of Business

3201 NU 4044 Terrace

SOE NAW 4044 Terrace

GAINESVILLE FL 20004
US 32405

Mailing Address

P.O. BOX-1008 1 47050
GAINESVILLE FL 2000 3 2614-705 C



US	3260		US	MPIT.	•	6. Data language start at Config. 1	A- D-1	of Last C	
						3. Date Incorporated or Qualified 12/01/1946	3a. Date	or Last He 4/03/19	
2. Principal Pla	ine of Rusinass		2a, Mailing Address			12/0 (/ 1840 4, FEI Number			Applied For
21 2201		40th Terrac	h	470	So	59-0368350		⊢ —	Not Applicable
Suite, Apt. #	r, etc.	TOTAL BELLING	Suite, Apt. #, etc						Additional
22			27 Sute HRH			5. Certificate of Status Desired Fee Required			
City & State			City & State		6. Election Campaign Financing \$5.00 May			May Be	
23 GAIN	esville	<u> ۴ L</u>	28 GAINESVILLE	FL	_	Trust Fund Contribution			d to Fees
Ζφ		Country	Zip	Country		8. This corporation has liability for		under s	199.032,
24 3260			29 326 14 - 7050 3	10 [-]	<u>achua</u>		□ No		
	g. Name an	d Address of Currer	it Registered Agent	81	Name	10. Name and Address of New F	legistered A	gent	
					oi Name				
		L CORPORATION S	STEM, INC. 82		Street Addre	Street Address (P.O. Box Number is Not Acceptable)			
1201 HAYS STREET					83				
SUITE 1		0004		84					
IALLAH	TALLAHASSEE FL 32301						EI	85 Zır	o Code
11 Pursuant to	o the provisions	s of Sections 607 050%	2 and 607 1508. Florida Statutes	the above i	Led compra	alion submits this statement for the pu	ruose of chai	naina its r	eaistered office
or registere	ed agent, or bo	ith, in the State of Flori	du. Such change was authorized l	by the carp	oration's bear	d of directors. Thereby accept the app	ointment as r	registered	agent. I am
	n, and accept t	the obligations of, Sect	ion 607.0505, Florida Statutes.						
SIGNATURE	Signature typed or p	kinted name of registered agent	and the mappetable (NOTE 1	Registered Age	r Esignature regioned	wlam zemstatnej:	DATE		
12.			DI DIRECTORS	13.		ADDITIONS/CHANGES 10 OFF	ICERS AND	DIRECTO	R\$ IN 12
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4. To hereby 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:

NATURE AND TYPED OF FIRM ED NAME OF SIGNING OFFICER OR DIRECTOR

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