

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 149499 (6)

1. Corporation Name

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



Principal Place of Business

**2201 NW 40th Terrace
502 NW 16TH AVENUE
GAINESVILLE FL 32604
US 32605**

Mailing Address

**P.O. BOX 147050
GAINESVILLE FL 32614-7050
US**

2. Principal Place of Business

2a. Mailing Address

21 2201 NW 40th Terrace

26 P.O. Box 147050

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 Gainesville, FL

28 Gainesville, FL

Zip

Country

Zip

Country

24 32605

25 Alachua

29 32614-7050

30 Alachua

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified
12/01/1946

3a. Date of Last Report
04/03/1995

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**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

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 their address

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	VPD	<input type="checkbox"/> DELETE
NAME	HILB, ROBERT H.	
STREET ADDRESS	502 N W 16TH AVE	
CITY - ST - ZIP	GAINESVILLE FL	
TITLE	CEO	<input checked="" type="checkbox"/> DELETE
NAME	TREWEEK, HERBERT G.	
STREET ADDRESS	502 N W 16TH AVE	
CITY - ST - ZIP	GAINESVILLE FL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	TREWEEK, TIM	
STREET ADDRESS	502 NW 16TH VE	
CITY - ST - ZIP	GAINESVILLE FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	KORMAN, TIMOTHY J.	
STREET ADDRESS	502 NW 16TH VE	
CITY - ST - ZIP	GAINESVILLE FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	FOX, DIANNE F.	
STREET ADDRESS	502 NW 16TH AVE	
CITY - ST - ZIP	GAINESVILLE FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	ELLISON, BARBARA J	
STREET ADDRESS	502 N.W. 16TH AVENUE	
CITY - ST - ZIP	GAINESVILLE FL 32601	

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 type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
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 type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

CR2E034 (12/95)