

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

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May 02 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **149499** (6)

1. Corporation Name
HILB, ROGAL AND HAMILTON COMPANY OF GAINESVILLE, FLORIDA, INC.

Principal Place of Business 2201 NW 40TH TERRACE GAINESVILLE FL 32605 US	Mailing Address P.O. BOX 147050 SUITE HRH GAINESVILLE FL 32614-7050 US
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2. Principal Place of Business 21 2201 NW 40th Terrace Suite, Apt. #, etc.	2a. Mailing Address 26 P. O. Box 147050 Suite, Apt. #, etc.	3. Date Incorporated or Qualified 12/01/1946	3a. Date of Last Report 04/25/1996
22 City & State 23 Gainesville, FL	27 Suite HRH City & State 28 Gainesville, FL	4. FEI Number 59-0368350	Applied For Not Applicable
24 32605 25 Alachua	29 32614-7050 30 Alachua	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD HILB, ROBERT H. 502 N W 16TH AVE GAINESVILLE FL <input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2201 NW 40th Terrace
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TREWEEK, TIM 502 NW 16TH VE GAINESVILLE FL <input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2201 NW 40th Terrace
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T KORMAN, TIMOTHY J. 502 NW 16TH VE GAINESVILLE FL <input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2201 NW 40th Terrace
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FOX, DIANNE F. 502 NW 16TH AVE GAINESVILLE FL <input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2201 NW 40th Terrace
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ELLISON, BARBARA J 502 N.W. 16TH AVENUE GAINESVILLE FL 32601 <input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2201 NW 40th Terrace
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **T. J. Treweek** **Timothy J. Treweek** 4/28/97 (352) 378-2511

CR2E034 (9/96)