

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 149499

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



Principal Place of Business

4880 NEWBERRY ROAD  
SUITE 100  
GAINESVILLE, FL 32607 US

Mailing Address

4951 LAKE BROOK DR  
500  
GLEN ALLEN, VA 23060 US

FILED

04 MAY -3 PM 2:54

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



04282004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-0368350

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

THE PRENTICE-HALL CORPORATION SYSTEM, INC.  
1201 HAYS STREET  
SUITE 105  
TALLAHASSEE, FL 32301

**DO NOT WRITE  
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

|                |                                  |
|----------------|----------------------------------|
| TITLE          | P                                |
| NAME           | KARL, JAMES B                    |
| STREET ADDRESS | 2201 NW 40TH TERR                |
| CITY-ST-ZIP    | GAINESVILLE, FL                  |
| TITLE          | VD                               |
| NAME           | VAUGHAN, MARTIN L III            |
| STREET ADDRESS | 4951 LAKE BROOK DRIVE, SUITE 500 |
| CITY-ST-ZIP    | GAINESVILLE, FL                  |
| TITLE          | VD                               |
| NAME           | KORMAN, TIMOTHY J.               |
| STREET ADDRESS | 4951 LAKE BROOK DRIVE, SUITE 500 |
| CITY-ST-ZIP    | GLEN ALLEN, VA 23060             |
| TITLE          | T                                |
| NAME           | JONES, CAROLYN                   |
| STREET ADDRESS | 4951 LAKE BROOK DRIVE, SUITE 500 |
| CITY-ST-ZIP    | GAINESVILLE, FL                  |
| TITLE          | SD                               |
| NAME           | SMITH, WALTER L                  |
| STREET ADDRESS | 4951 LAKE BROOK DRIVE, SUITE 500 |
| CITY-ST-ZIP    | GLEN ALLEN, VA 23060             |
| TITLE          |                                  |
| NAME           |                                  |
| STREET ADDRESS |                                  |
| CITY-ST-ZIP    |                                  |

100035361651

**DO NOT WRITE  
IN THIS SPACE**

12. 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 report or supplemental 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 10 or Block 11 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

4/28/04

804 747-3125

Daytime Phone #



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 603957 5012152

AUTHORIZATION :

COST LIMIT : \$ 150.00

ORDER DATE : April 30, 2004

ORDER TIME : 11:59 AM

ORDER NO. : 603957-070

CUSTOMER NO: 5012152

CUSTOMER: Mr. Michael V. Pollard  
Hilb, Rogal And Hamilton  
4951 Lake Brook Drive, #500

Glen Allen, VA 23060

RECEIVED  
MAY -3 PM 3:01  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

ANNUAL REPORT FILING

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

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX        PLAIN STAMPED COPY  
       CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Troy Todd - Ext. 2940

EXAMINER'S INITIALS: \_\_\_\_\_