

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

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **150616** (1)

1. Corporation Name
BROWN & BROWN, INC.

APPROVED
AND
FILED

95 MAY -1 AM 10:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
**220 SO. RIDGEWOOD AVE.
P O DRAWER 2412
DAYTONA BEACH FL 32114-4318**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 04/03/1947	3a. Date of Last Report 05/01/1994
4. FEI Number 59-0691921	Applied For <input type="checkbox"/> Not Applicable
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. 190.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 32115	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 32115	Country 25 Volusia	Country 30 Volusia
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9. Name and Address of Current Registered Agent
**LENFESTEY, LAUREL J
702 N FRANKLIN ST
TAMPA FL 33602**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
401 E. Jackson Street, Suite 1700
83
84 City **Tampa** FL 85 **33602**

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 *Laurel J. Lenfestey* DATE **3/30/95**
Signature typed or printed name of registered agent and this if applicable. (NOTE: Registered Agent signature required when registering)

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PO BROWN, J HYATT 213 RIVERSIDE DR ORMOND BCH. FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD HILL, KENNETH E 324 SEMINOLE DR ORMOND BCH. FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD BREWER, EDWARD G 16 APPALOOSA TR ORMOND BCH. FL DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S LENFESTEY, LAUREL J 702 N FRANKLIN ST TAMPA FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T YOUNG, TIMOTHY L 702 N FRANKLIN ST TAMPA FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 220 S. Ridgewood Avenue Daytona Beach, FL 32115
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 220 S. Ridgewood Avenue Daytona Beach, FL 32115
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition Vice President & Director Jim Henderson 220 S. Ridgewood Avenue Daytona Beach, FL 32115
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 401 E. Jackson St., Suite 1700 Tampa, FL 33602
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 220 S. Ridgewood Avenue Daytona Beach, FL 32115
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 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 *Laurel J. Lenfestey* DATE **3/30/95** **Laurel J. Lenfestey** (813) **222-4277**
Signature typed or printed name of signing officer or director