

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

FILED

Apr 30 1996 8:00 am  
Secretary of State

DOCUMENT # 218668

(2)

1. Corporation Name

POE & BROWN, INC.

Principal Place of Business

401 E JACKSON ST  
SUITE 1700  
TAMPA FL 33602  
US

Mailing Address

702 N. FRANKLIN ST.  
PO BOX 1348  
TAMPA FL 33601

3. Date Incorporated or Qualified  
01/02/1959

3a. Date of Last Report  
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-0864469

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

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LENFESTEY, LAUREL  
401 E JACKSON ST  
SUITE 1700  
TAMPA FL 33602

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

D

☒ DELETE

NAME

JORDAN, V.C. JR.

STREET ADDRESS

401 E JACKSON ST SUITE 1700

CITY-ST-ZIP

TAMPA, FL 00000

TITLE

D

☒ DELETE

NAME

POE, C W

STREET ADDRESS

401 E JACKSON ST SSUITE 1700

CITY-ST-ZIP

TAMPA, FL 00000

TITLE

VPS

☐ DELETE

NAME

LENFENSTY, LAUREL

STREET ADDRESS

401 E JACKSON ST SUITE 1700

CITY-ST-ZIP

TAMPA FL

TITLE

T

☒ DELETE

NAME

YOUNG, TIMOTHY L

STREET ADDRESS

220 S RIDGEWOOD AVE

CITY-ST-ZIP

DAYTONA BEACH FL

TITLE

D

☒ DELETE

NAME

POE, W. F., SR.

STREET ADDRESS

1000 N ASHLEY ST SUITE 504

CITY-ST-ZIP

TAMPA FL

TITLE

EVP Director only

☐ DELETE

NAME

GEER, BRUCE G.

STREET ADDRESS

401 E JACKSON ST SUITE 1700

CITY-ST-ZIP

TAMPA FL

1.1 TITLE

D EVP

☐ Change ☒ Addition

1.2 NAME

Jim W. Henderson

1.3 STREET ADDRESS

220 S. Ridgewood Avenue

1.4 CITY-ST-ZIP

Daytona Beach, FL 32115

2.1 TITLE

P Chairman D

☐ Change ☒ Addition

2.2 NAME

J. Hyatt Brown

2.3 STREET ADDRESS

220 S. Ridgewood Avenue

2.4 CITY-ST-ZIP

Daytona Beach, FL 32115

3.1 TITLE

D

☐ Change ☒ Addition

3.2 NAME

Theodore J. Hoepner

3.3 STREET ADDRESS

200 S. Orange Avenue

3.4 CITY-ST-ZIP

Orlando, FL 32801

4.1 TITLE

VP T

☐ Change ☒ Addition

4.2 NAME

James A. Orchard

4.3 STREET ADDRESS

220 S. Ridgewood Avenue

4.4 CITY-ST-ZIP

Daytona Beach, FL 32115

5.1 TITLE

D EVP

☐ Change ☒ Addition

5.2 NAME

Kenneth E. Hill

5.3 STREET ADDRESS

220 S. Ridgewood Avenue

5.4 CITY-ST-ZIP

Daytona Beach, FL 32115

6.1 TITLE

D

☐ Change ☒ Addition

6.2 NAME

Bradley Currey, Jr.

6.3 STREET ADDRESS

504 Thrasher Street

6.4 CITY-ST-ZIP

Norcross GA 30071

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

4/25/96

813-222-4277

Date

Daytime Phone #

CR2E034 (12/95)