

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

FILED  
May 01 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # 218668 (2)  
1. Corporation Name  
POE & BROWN, INC.



DO NOT WRITE IN THIS SPACE

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	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	
3. Date Incorporated or Qualified 01/02/1959		4. FEI Number 59-0864469	
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	
7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent GRAMMIG, LAUREL L. 401 E JACKSON ST SUITE 1700 TAMPA FL 33602		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 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	DEVP	1.1 TITLE	
NAME	HENDERSON, JIM W	1.2 NAME	
STREET ADDRESS	220 S RIDGEWOOD AVENUE	1.3 STREET ADDRESS	
CITY-ST-ZIP	DAYTONA BEACH FL 32115	1.4 CITY-ST-ZIP	
TITLE	PCD	2.1 TITLE	
NAME	BROWN, J. HYATT	2.2 NAME	
STREET ADDRESS	220 S RIDGEWOOD AVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	DAYTONA BEACH FL 32115	2.4 CITY-ST-ZIP	
TITLE	VPS	3.1 TITLE	
NAME	GRAMMIG, LAUREL L.	3.2 NAME	
STREET ADDRESS	401 E JACKSON ST SUITE 1700	3.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	
NAME	HOEPNER, THEODORE J	4.2 NAME	
STREET ADDRESS	200 S ORANGE AVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32801	4.4 CITY-ST-ZIP	
TITLE	VPT	5.1 TITLE	
NAME	ORCHARD, JAMES A	5.2 NAME	
STREET ADDRESS	220 S RIDGEWOOD AVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	DAYTONA BEACH FL 32115	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	
NAME	HILL, KENNETH E.	6.2 NAME	
STREET ADDRESS	220 S. RIDGEWOOD AVE.	6.3 STREET ADDRESS	
CITY-ST-ZIP	DAYTONA BEACH FL	6.4 CITY-ST-ZIP	

14. 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 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 \_\_\_\_\_ DATE 4/14/98

CR2E034 (10/97)