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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 221310

1. Corporation Name

HILB, ROGAL AND HAMILTON COMPANY OF FORT LAUDERD

Principal Place of Business	Mailing Address			
1000 CORPORATE DRIVE SUITE 100 FT. LAUDERDALE FL 33334 US	4235 INNSLAKE DR GLEN ALLEN VA 23060 US			

FILED Feb 24, 1999 8:00 am Secretary of State 02-24-1999 90088 035 ***150.00



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Principal Place of Business Mailing Address								
1000 CORPORA	TE DRIVE	4235 INNSLAKE DR						
SUITE 100		GLEN ALLEN VA 23060			DO NOT WRITE IN THIS SP	ACE		
FT. LAUDERDAL	E FL 33334	US			3. Date Incorporated or Qualifed			
US					03/13/1959			
2 Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number	A	pplied For	
		26			59-0868164	N	ot Applicable	
21 4235 Suite, Apt. 1	Innolake Drive	Suite, Apt. #, etc.				\$8.75	Additional	
	r, etc.	27			5. Certificate of Status Desired	Fee R	<u>t</u> equired	
22					6. Election Campaign Financing	\$5.00	May Be	
3.174					Trust Fund Contribution	7	to Fees	
20 Clertification			Country	,	8. This corporation owes the current year Intang	ible		
Zip	4.0		o] Yes	□No	
24 230	9. Name and Address of Current	.11	<u>•</u>		10. Name and Address of New Registered Ag	ent		
	9. Name and Address of Current	Kegistered Agent	81	Name				
THE	PRENTICE-HALL CORPORATION	SYSTEM, INC.		ļ <u>.</u>				
	HAYS STREET		82	Street	Address (P.O. Box Number is Not Acceptable)			
	E 105		83	 -				
	AHASSEE FL 32301		63					
I MLL	AUMODEE LE 25201		84	City	FL	85 Zip	Code	
		CO7 1EO9 Florido Statutos	the abov	e-named	corporation submits this statement for the purpose of chi	anging it	s registered	
l office of t	to the provisions of Sections 607.0502 egistered agent, or both, in the State o m familiar with, and accept the obligati	i Fiorida. Such change was aut	nonzeu vy	THIC COIP	oration's board of directors. I hereby accept the appointment	ent as r	egistered	
SIGNATURE							\	
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: R		nt signature i	required when reinstating) DATE	OIDE OF	ODC IN 42	
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS AND	Change		
TITLE	P	X DELETE	1.1 TITLE		Andrew L. Rogal 4235 Innslake Dr.	Change	[] Addition	
NAME	WILCOX, RICHARD W JR		1.2 NAME		Andrew Trassake Dr.		ĺ	
STREET ADDRESS	1000 CORPORATE DRIVE, STE.	100	1.3 STREE	TADDRESS	4235 21115		,	
CITY-ST-ZIP	FT. LAUDERDALE FL 33334	_	1.4 CITY-	ST-ZIP	Glen Allen, VA 23060			
TITLE	V	▼ DELETE	2.1 TITLE		DIVP	Change	e ☐ Addition	
NAME	COPPIN, JOHN S		2.2 NAME		Timothy J. Karman			
STREET ADDRESS	1000 CORPORATE DRIVE, STE.	100	2.3 STREE	T ADDRESS	I MASILIA DI	_		
	FT. LAUDERDALE FL 33334	100	2. 4 CITY-		Gien Allen, VA 2306)		
CITY-ST-ZIP	V	₩ DELETE	3.1 TITLE	<u> </u>	1 7015	Change	Addition	
TITLE	POGAN THOMAS B ID		3.2 NAME		walter L. Smith Dr. 4235 Innstake Dr. 3201-0			
NAME	ROGAN, THOMAS B JR 1000 CORPORATE DRIVE, STE.	100		ET ADDRESS	Walt Inslake Dr.		ļ	
STREET ADDRESS	I	100			Gien Allen, VA 23060		1	
CITY-ST-ZIP	FT. LAUDERDALE FL 33334	X DELETE	3.4. CITY-	ST-ZIP		Change	Addition	
TITLE	V CLEARING	DELETE	41 TITLE	-	Carolyn Jones 4235 Innslake Dr.			
NAME	EURINGER, CLEMENS		4. 2 NAME		11335 Tooslake Dr.		1	
STREET ADDRESS	1000 CORPORATE DRIVE, STE.	100	4.3 STRE	T ADDRESS	C 011 1/0 2206/		1	
CITY-ST-ZIP	FT. LAUDERDALE FL 33334		4.4 CITY-	ST-ZIP	Gien Allen, VA 23060	7 (5-2	a ddis	
TITLE	D	₩ DELETE	5.1 TITLE		<u> </u>	_ Change	e	
NAME	KORMAN, TIMOTHY J		5.2 NAME		}		!	
STREET ADDRESS	4235 INNSLAKE DR		5.3 STRE	ET ADDRESS				
CITY-ST-ZIP	GLEN ALLEN VA 23060		5.4 CITY-	ST-ZIP				
TITLE	D	▼ DELETE	6.1 TITLE			Change	e 🔲 Addition	
NAME	ROGAL, ANDREW L		6.2 NAME				ľ	
STREET ADDRESS	AGAE MINION ANCE DE		6.3 STRE	ET ADORESS			I	
I SIKEE ADDRESS	I SEAR HAIDERINE DIT				1		,	

6.4 CITY-ST-ZIP GLEN ALLEN VA 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, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR