

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 286623

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



Principal Place of Business
4951 LAKE BROOK DRIVE
500
GLEN ALLEN, VA 23060-1220

Mailing Address
4951 LAKE BROOK DRIVE STE 500
GLEN ALLEN, VA 23060-1220

DO NOT WRITE IN THIS SPACE

FILED
04 MAY -3 PM 2:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



04282004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-1083437

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
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	CUNNINGHAM, JOHN B
STREET ADDRESS	1 NORTH TUTTLE AVE.
CITY-ST-ZIP	SARASOTA, FL 34237
TITLE	DVP
NAME	VAUGHAN, MARTIN L III
STREET ADDRESS	4951 LAKE BROOK DRIVE, SUITE 500
CITY-ST-ZIP	GLEN ALLEN, VA 23060
TITLE	VP
NAME	ROGAL, ANDREW L
STREET ADDRESS	4951 LAKE BROOK DRIVE, SUITE 500
CITY-ST-ZIP	GLEN ALLEN, VA 23060
TITLE	DVP
NAME	KORMAN, TIMOTHY J
STREET ADDRESS	4951 LAKE BROOK DRIVE, SUITE 500
CITY-ST-ZIP	GLEN ALLEN, VA 23060
TITLE	VP
NAME	TYLER, BENJAMIN H
STREET ADDRESS	800 N MAGNOLIA AVE, SUITE 1600
CITY-ST-ZIP	ORLANDO, FL 32803
TITLE	DS
NAME	SMITH, WALTER L
STREET ADDRESS	4951 LAKE BROOK DRIVE, SUITE 500
CITY-ST-ZIP	GLEN ALLEN, VA 23060

400035361394

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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



CORPORATION SERVICE COMPANY

252

ACCOUNT NO. : 072100000032

REFERENCE : 603957 5012152

AUTHORIZATION : *Patricia Pigute*

COST LIMIT : \$ 150.00

ORDER DATE : April 30, 2004

ORDER TIME : 11:53 AM

ORDER NO. : 603957-045

CUSTOMER NO: 5012152

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

Glen Allen, VA 23060

ANNUAL REPORT FILING

NAME: HILB ROGAL AND HAMILTON
COMPANY OF SOUTHWEST FLORIDA

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: _____

RECEIVED
04 MAY - 3 PM 3:02
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA