

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 286623

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



FILED
05 JUN 16 AM 8:53

SECRETARY OF STATE
TALLAHASSEE, 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

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

05092005 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent
CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301

4. FEI Number
59-1083437

Applied For
Not Applicable

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

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 \$550.00
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CUNNINGHAM, JOHN B 1 NORTH TUTTLE AVE. SARASOTA, FL 34237 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Ann S. Carney 4890 W. Kennedy Blvd. # 270 Tampa, FL 33629 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP VAUGHAN, MARTIN L III 4951 LAKE BROOK DRIVE, SUITE 500 GLEN ALLEN, VA 23060 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Assistant Secretary Carla M. Browne 17 Valley River Avenue Murphy NC 28906 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ROGAL, ANDREW L 4951 LAKE BROOK DRIVE, SUITE 500 GLEN ALLEN, VA 23060 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	900056391679 06/21/05--01035--006 **550.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP KORMAN, TIMOTHY J 4951 LAKE BROOK DRIVE, SUITE 500 GLEN ALLEN, VA 23060 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP TYLER, BENJAMIN H 800 N MAGNOLIA AVE, SUITE 1600 ORLANDO, FL 32803 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS SMITH, WALTER L 4951 LAKE BROOK DRIVE, SUITE 500 GLEN ALLEN, VA 23060 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Carla M. Browne 5/10/05 828-835-1195
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #