

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

APPROVED
AND
FILED

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 296944

(2)

1. Corporation Name

HOWARD HALL AGENCY, INC.

1996 APR 24 PM 12:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



300001792963

-04/24/96--01068--014

****200.00 ****200.00

Principal Place of Business

605 N.E. FIRST STREET
GAINESVILLE FL 32601

Mailing Address

605 N.E. FIRST STREET
GAINESVILLE FL 32601

3. Date Incorporated or Qualified

09/21/1965

3a. Date of Last Report

04/12/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

59-1103615

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

9. Name and Address of Current Registered Agent

CHRISTMANN, THOMAS G.
527 E. UNIVERSITY AVENUE
GAINESVILLE FL 32601

10. Name and Address of New Registered Agent

81

Name CT Corporation System

82

Street Address (P.O. Box Number is Not Acceptable)
1200 South Pine Island Road

83

84

City Plantation

FL

85

Zip Code
33324

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.

EDWARD GWISDALLA

Assistant Vice President

4/18/96

SIGNATURE

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required with this filing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	THOMPSON, MARK W	
STREET ADDRESS	3919 N.W. 17TH AVE.	
CITY- ST- ZIP	GAINESVILLE FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	HALL, BARBARA J.	
STREET ADDRESS	2006 NW 27TH STREET	
CITY- ST- ZIP	GAINESVILLE FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	CARTER, WILLIAM F.	
STREET ADDRESS	8201 SW 1ST PLACE	
CITY- ST- ZIP	GAINESVILLE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SKILES, JAMES E III	
STREET ADDRESS	1605 NW 71ST ST.	
CITY- ST- ZIP	GAINESVILLE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	FRIEDLANDER, GARY G.	
STREET ADDRESS	5826 NW 28TH STREET	
CITY- ST- ZIP	GAINESVILLE FL	
TITLE	C	<input type="checkbox"/> DELETE
NAME	HALL, HOWARD J	
STREET ADDRESS	2006 NW 27 STREET	
CITY- ST- ZIP	GAINESVILLE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VC/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Vaughan, III, Martin L.	
1.3 STREET ADDRESS	10 State House Square	
1.4 CITY- ST- ZIP	Hartford, CT 06103	
2.1 TITLE	P/T/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Hall, Barbara B.	
2.3 STREET ADDRESS	2006 NW 27 Street	
2.4 CITY- ST- ZIP	Gainesville, FL 32605	
3.1 TITLE	VP/AT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Ryan, William E.	
3.3 STREET ADDRESS	10 State House Square	
3.4 CITY- ST- ZIP	Hartford, CT 06103	
4.1 TITLE	AT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Moody, Ellen R.	
4.3 STREET ADDRESS	10 State House Square	
4.4 CITY- ST- ZIP	Hartford, CT 06103	
5.1 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Robbins, Keith D.	
5.3 STREET ADDRESS	One American Row	
5.4 CITY- ST- ZIP	Hartford, CT 06115	
6.1 TITLE	AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Engberg, Nancy	
6.3 STREET ADDRESS	One American Row	
6.4 CITY- ST- ZIP	Hartford, CT 06115	

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:

Sandra B. Hall
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/96 352-372-3456

Date

Daytime Phone #

CR2E034 (12/95)

HOWARD HALL AGENCY, INC.
FEI Number: 59-1103615

Continuation of Box 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

C/D
Hall, J. Howard
2006 NW 27 Street
Gainesville, FL 32605

☒ Change

☐ Addition

D
Searfoss, Dave
One American Row
Hartford, CT 06115

☐ Change

☒ Addition