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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**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.



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**
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

2. Principal Place of Business: 21, 22, 23, 24
2a. Mailing Address: 26, 27, 28, 29, 30
Suite, Apt. #, etc.: 22
City & State: 23
Zip: 24, 29
Country: 25, 30

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
B1 Name: **CT Corporation System**
B2 Street Address (P.O. Box Number is Not Acceptable): **1200 South Pine Island Road**
B3
B4 City: **Plantation** FL B5 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.

SIGNATURE: *[Signature]* **EDWARD GWISDALLA** Assistant Vice President DATE: **4/18/96**

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: *[Signature]* **Barbara B. Hall** DATE: **4/16/96** 352-372-3456

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