

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

**FILED**

**Apr 02 1997 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 296944 (2)**

1. Corporation Name  
**HOWARD HALL AGENCY, INC.**



Principal Place of Business <b>605 N.E. FIRST STREET GAINESVILLE FL 32601</b>	Mailing Address <b>605 N.E. FIRST STREET GAINESVILLE FL 32601-5395</b>
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3. Date Incorporated or Qualified <b>09/21/1965</b>	3a. Date of Last Report <b>04/24/1996</b>
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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4. FEI Number <b>59-1103615</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324**

10. Name and Address of New Registered Agent

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City **FL** 85 Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent's signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS	
TITLE	VCD <input type="checkbox"/> DELETE
NAME	VAUGHAN, MARTIN L III
STREET ADDRESS	10 STATE HOUSE SQUARE
CITY-ST-ZIP	HARTFORD CT 06103
TITLE	PTD <input type="checkbox"/> DELETE
NAME	HALL, BARBARA B
STREET ADDRESS	2006 NW 27TH STREET
CITY-ST-ZIP	GAINESVILLE FL 32605
TITLE	VPAT <input type="checkbox"/> DELETE
NAME	RYAN, WILLIAM E
STREET ADDRESS	10 STATE HOUSE SQUARE
CITY-ST-ZIP	HARTFORD CT 06103
TITLE	AT <input type="checkbox"/> DELETE
NAME	MOODY, ELLEN R
STREET ADDRESS	10 STATE HOUSE SQUARE
CITY-ST-ZIP	HARTFORD CT 06103
TITLE	S <input type="checkbox"/> DELETE
NAME	ROBBINS, KEITH D
STREET ADDRESS	ONE AMERICAN ROW
CITY-ST-ZIP	HARTFORD CT 06115
TITLE	CD <input type="checkbox"/> DELETE
NAME	HALL, HOWARD J
STREET ADDRESS	2008 NW 27 STREET
CITY-ST-ZIP	GAINESVILLE FL 32605

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE: *Sandra B. Mortham* **3/24/97 352-372-3456**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CP2E034 (9/96)