

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

FILED  
Apr 16 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 296944 (2)  
1. Corporation Name  
HOWARD HALL AGENCY, INC.

Principal Place of Business  
805 N.E. FIRST STREET  
GAINESVILLE FL 32601

Mailing Address  
805 N.E. FIRST STREET  
GAINESVILLE FL 32601



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 09/21/1965	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-1103615	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324		81	Name
		82	Street Address (P.O. Box Number is Not Acceptable)
		83	
		84	City
		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 signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VCD	1.1 TITLE	
NAME	VAUGHAN, MARTIN L III	1.2 NAME	
STREET ADDRESS	10 STATE HOUSE SQUARE	1.3 STREET ADDRESS	
CITY-ST-ZIP	HARTFORD CT 08103	1.4 CITY-ST-ZIP	
TITLE	PTD	2.1 TITLE	
NAME	HALL, BARBARA B	2.2 NAME	
STREET ADDRESS	2006 NW 27TH STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL 32605	2.4 CITY-ST-ZIP	
TITLE	VPAT	3.1 TITLE	
NAME	RYAN, WILLIAM E	3.2 NAME	
STREET ADDRESS	10 STATE HOUSE SQUARE	3.3 STREET ADDRESS	
CITY-ST-ZIP	HARTFORD CT 08103	3.4 CITY-ST-ZIP	
TITLE	AT	4.1 TITLE	
NAME	MOODY, ELLEN R	4.2 NAME	
STREET ADDRESS	10 STATE HOUSE SQUARE	4.3 STREET ADDRESS	
CITY-ST-ZIP	HARTFORD CT 08103	4.4 CITY-ST-ZIP	
TITLE	S	5.1 TITLE	
NAME	ROBBINS, KEITH D	5.2 NAME	
STREET ADDRESS	ONE AMERICAN ROW	5.3 STREET ADDRESS	
CITY-ST-ZIP	HARTFORD CT 06115	5.4 CITY-ST-ZIP	
TITLE	CD	6.1 TITLE	
NAME	HALL, HOWARD J	6.2 NAME	
STREET ADDRESS	2006 NW 27 STREET	6.3 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL 32605	6.4 CITY-ST-ZIP	

14. 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 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*

4/7/98 352-372-3456

CR2E034 (10/97)