

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

FILED
Mar 09, 1999 8:00 am
Secretary of State

03-09-1999 90059 049 ***150.00

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| PROFIT CORPORATION ANNUAL REPORT 1999 |  | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS |
|--|---|--|

DOCUMENT # 296944
 1. Corporation Name
HOWARD HALL AGENCY, INC.

| | |
|--|--|
| Principal Place of Business 605 N.E. FIRST STREET GAINESVILLE FL 32601 | Mailing Address 605 N.E. FIRST STREET GAINESVILLE FL 32601 |
|--|--|



DO NOT WRITE IN THIS SPACE

| | |
|--------------------------------|---------------------|
| 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 | 29 |
| 25 | 30 |

| | |
|--|--|
| 3. Date Incorporated or Qualified 09/21/1965 | |
| 4. FEI Number 59-1103615 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 8. This corporation owes the current year Intangible Personal Property Tax. <input 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 | 85 Zip Code |
| 82 Street Address (P.O. Box Number is Not Acceptable) | FL |
| 83 | |
| 84 City | |

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 checked="" 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 | ENGBERG, NANCY | |
| STREET ADDRESS | ONE AMERICAN ROW | |
| CITY-ST-ZIP | HARTFORD CT 06115 | |
| TITLE | CD | <input type="checkbox"/> DELETE |
| NAME | HALL, HOWARD J | |
| STREET ADDRESS | 2006 NW 27 STREET | |
| CITY-ST-ZIP | GAINESVILLE FL 32605 | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|--------------------|-----------------------|--|
| 1.1 TITLE | PT | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 1.2 NAME | James B. Karl | |
| 1.3 STREET ADDRESS | 605 NE First Street | |
| 1.4 CITY-ST-ZIP | Gainesville, FL 32601 | |
| 2.1 TITLE | VPAT | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 2.2 NAME | David R. Pellerin | |
| 2.3 STREET ADDRESS | 10 State House Square | |
| 2.4 CITY-ST-ZIP | Hartford, CT 06103 | |
| 3.1 TITLE | CD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | Barbara B. Hall | |
| 3.3 STREET ADDRESS | 2006 NW 27th Street | |
| 3.4 CITY-ST-ZIP | Gainesville, FL 32605 | |
| 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 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, with all other like empowered.

SIGNATURE: _____ DATE: 2/10/99 DAYTIME PHONE #: 352-372-3456
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (1/198)