

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **F76798** (0)

1. Corporation Name

HILB, ROGAL AND HAMILTON COMPANY OF FORT MYERS



Principal Place of Business

**1614 COLONIAL BLVD. (33907)
P.O. BOX 6188
FORT MYERS FL 33907-1130**

Mailing Address

**1614 COLONIAL BLVD. (33907)
P.O. BOX 6188
FORT MYERS FL 33907-1130**

3. Date Incorporated or Qualified
04/19/1982

3a. Date of Last Report
03/02/1995

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

4. FEI Number

62-1135526

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

**THE PRENTICE-HALL CORPORATION SYSTEM, INC.
110 NORTH MAGNOLIA STREET
TALLAHASSEE FL 32301**

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

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

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **CD**
STREET ADDRESS **HILB, ROBERT H.**
CITY- ST- ZIP **8901 GINGER WAY COURT**
RICHMOND VA

TITLE ☐ DELETE
NAME **VD**
STREET ADDRESS **ROGAL, ANDREW**
CITY- ST- ZIP **528 BRIARCLIFF ROAD**
PITTSBURGH PA

TITLE ☐ DELETE
NAME **VD**
STREET ADDRESS **ADAMS, JOHN C. J**
CITY- ST- ZIP **11205 WELLESLEY HARRIS CT.**
RICHMOND VA

TITLE ☐ DELETE
NAME **P**
STREET ADDRESS **DANNENHAUER, DANIEL G.**
CITY- ST- ZIP **3977 WOODLAKE DRIVE**
BONITA BAY FL

TITLE ☐ DELETE
NAME **T**
STREET ADDRESS **KORMAN, TIMOTHY J.**
CITY- ST- ZIP **11730 HAZELTON DRIVE**
RICHMOND VA

TITLE ☐ DELETE
NAME **AT**
STREET ADDRESS **MINER, BOBBIE S.**
CITY- ST- ZIP **708 SW 6TH ST.**
CAPE CORAL FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY- ST- ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY- ST- ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY- ST- ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY- ST- ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY- ST- ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY- ST- ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

CR2E034 (12/95)