

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F76800

1. Corporation Name

HILB, ROGAL AND HAMILTON COMPANY OF ORLANDO

Principal Place of Business

1040 WOODCOCK RD
STE 100
ORLANDO FL 32803
US

Mailing Address

P.O. BOX 104000
STE 100
ORLANDO FL 32814
US

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip Country

24

25

2a. Mailing Address

26

4235 Innslake Dr

Suite, Apt. #, etc.

27

City & State

28

Glen Allen VA

29

Zip

30

USA

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

3. Date Incorporated or Qualified

04/19/1982

4. FEI Number

62-1135532

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 owes the current year intangible
Personal Property Tax. ☐ Yes ☐ No

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME MACKENZIE, J. GREGORY

STREET ADDRESS 288 CAMBRIDGE DR.

CITY-ST-ZIP LONGWOOD FL 32779

TITLE ☐ DELETE

NAME SMITH, WALTER L.

STREET ADDRESS 12319 COUNTRYVIEW DR

CITY-ST-ZIP GLEN ALLEN VA 23060

TITLE ☐ DELETE

NAME KORMAN, TIMOTHY J

STREET ADDRESS 11730 HAZELTON DR.

CITY-ST-ZIP RICHMOND, VA 00000 23236

TITLE ☐ DELETE

NAME ROGAL, ANDREW L.

STREET ADDRESS 9023 NORWICK RD

CITY-ST-ZIP RICHMOND VA 23229

TITLE ☐ DELETE

NAME JONES, CAROLYN

STREET ADDRESS 4200 BROMLEY LANE

CITY-ST-ZIP RICHMOND VA 23221

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

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 ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Feb 24, 1999 8:00 am
Secretary of State

02-24-1999 90029 020 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (11/98)