

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED
Aug 05 1997 8:00am
Secretary of State

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| PROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
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| DOCUMENT # F76802 (0) |
| 1. Corporation Name HILB, ROGAL AND HAMILTON COMPANY OF TAMPA BAY, I NC. |

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| Principal Place of Business 5405 CYPRESS CTR DR 330 P. O. BOX 23968 TAMPA FL 33623 | Mailing Address 5405 CYPRESS CTR DR 330 P. O. BOX 23968 TAMPA FL 33623 |
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DO NOT WRITE IN THIS SPACE

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|--------------------------------|--|------------------------|--|---|--|--|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified 04/19/1982 | | 3a. Date of Last Report 02/20/1996 | |
| 21 Suite, Apt. #, etc. | | 26 Suite, Apt. #, etc. | | 4. FEI Number 62-1135533 | | Applied For Not Applicable | |
| 22 City & State | | 27 City & State | | 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 23 Zip | | 28 Zip | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| 24 Country | | 29 Country | | 7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |

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|--|--|--|--|--|--|--|--|
| 9. Name and Address of Current Registered Agent THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS STREET SUITE 105 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 | | | | 85 Zip Code FL | | | |

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 | | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | | |
| TITLE | D | NAME | HILB, ROBERT H. | 1.1 TITLE | D V | 1.2 NAME | Andrew L. Rogal |
| STREET ADDRESS | | | 8901 GINGER WAY COURT | 1.3 STREET ADDRESS | | | 9023 Norwick Rd. |
| CITY - ST - ZIP | | | RICHMOND VA | 1.4 CITY - ST - ZIP | | | Richmond, VA 23229 |
| TITLE | D | NAME | ROGAL, ANDREW L. | 2.1 TITLE | D AS | 2.2 NAME | Walter L. Smith |
| STREET ADDRESS | | | 333 FORBES AVENUE | 2.3 STREET ADDRESS | | | 12319 Countryview Dr. |
| CITY - ST - ZIP | | | PITTSBURGH PA | 2.4 CITY - ST - ZIP | | | Glen Allen, VA 23060 |
| TITLE | P | NAME | SNOW, JOHN T. | 3.1 TITLE | D T | 3.2 NAME | Timothy J. Korman |
| STREET ADDRESS | | | 13326 GOLF CREST CR | 3.3 STREET ADDRESS | | | 11730 Hazelton Dr. |
| CITY - ST - ZIP | | | TAMPA FL | 3.4 CITY - ST - ZIP | | | Richmond, VA 23236 |
| TITLE | S | NAME | FOX, DIANNE F | 4.1 TITLE | | 4.2 NAME | |
| STREET ADDRESS | | | 9415 SIR BARRY DRIVE | 4.3 STREET ADDRESS | | 4.4 CITY - ST - ZIP | |
| CITY - ST - ZIP | | | RICHMOND VA | 5.1 TITLE | | 5.2 NAME | |
| TITLE | D | NAME | ADAMS, JOHN C. JR | 5.3 STREET ADDRESS | | 5.4 CITY - ST - ZIP | |
| STREET ADDRESS | | | 121 N. RIDGEWOOD AVEN | 6.1 TITLE | | 6.2 NAME | |
| CITY - ST - ZIP | | | DAYTONA BEACH FL | 6.3 STREET ADDRESS | | 6.4 CITY - ST - ZIP | |
| TITLE | | NAME | | | | | |
| STREET ADDRESS | | | | | | | |
| 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:

[Signature]

7/2/97

814 747 1120

CR2E034 (4/97)