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PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # F76802

1. Corporation Name

HILB, ROGAL AND HAMILTON COMPANY OF TAMPA BAY, I
NC.

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/19/1982

4. FEI Number

62-1135533

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip Country

29 Zip Country

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

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 DV ☐ DELETE
NAME ROGAL, ANDREW L
STREET ADDRESS 9023 NORWICK RD
CITY-ST-ZIP RICHMOND VA

TITLE DAS ☐ DELETE
NAME SMITH, WALTER L
STREET ADDRESS 12319 COUNTRYVIEW DR
CITY-ST-ZIP GLEN ALLEN VA

TITLE P ☒ DELETE
NAME SNOW, JOHN T.
STREET ADDRESS 13326 GOLF CREST CR
CITY-ST-ZIP TAMPA FL

TITLE S ☒ DELETE
NAME FOX, DIANNE F
STREET ADDRESS 9415 SIR BARRY DRIVE
CITY-ST-ZIP RICHMOND VA

TITLE DT ☐ DELETE
NAME KORMAN, TIMOTHY J
STREET ADDRESS 11730 HAZELTON DR
CITY-ST-ZIP RICHMOND VA

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 P ☐ Change ☒ Addition
3.2 NAME Dan Dannenhauer
3.3 STREET ADDRESS 3977 Woodlake Drive
3.4 CITY-ST-ZIP Bonita Springs, FL 34134

4.1 TITLE S ☒ Change ☐ Addition
4.2 NAME Tim Korman
4.3 STREET ADDRESS 11730 Hazelton Drive
4.4 CITY-ST-ZIP Richmond, VA

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)