

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F76802

1. Entity Name
HILB, ROGAL AND HAMILTON COMPANY OF TAMPA
BAY, INC.



Principal Place of Business
5405 CYPRESS CTR DR 330
P. O. BOX 23968
TAMPA, FL 33623

Mailing Address
P. O. BOX 23968
TAMPA, FL 33623

DO NOT WRITE IN THIS SPACE

04282004 No Chg-P CR2E034 (10/03)

4. FEI Number
62-1135533

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SYLVESTER, DAVID E 5405 CYPRESS CTR DR 330 TAMPA, FL 33623
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP BLUMM, L. SCOTT 5405 CYPRESS CTR DR 330 TAMPA, FL 33623
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP TYLER, BENJAMIN H 800 NORTH MAGNOLIA AVE STE 1600 ORLANDO, FL 32803
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP VAUGHN, MARTIN L III 4951 LAKE BROOK DRIVE STE 500 GLEN ALLEN, VA 23060
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T JONES, CAROLYN 4951 LAKE BROOK DRIVE STE 500 GLEN ALLEN, VA 23060
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SMITH, WALTER L 4951 LAKE BROOK DRIVE STE 500 GLEN ALLEN, VA 23060

000035361090

**DO NOT WRITE
IN THIS SPACE**

12. 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 report or supplemental 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 10 or Block 11 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

4/28/04
Date

804-742-3175
Daytime Phone #



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 603957 5012152

AUTHORIZATION :

COST LIMIT : \$ 150.00

ORDER DATE : April 30, 2004

ORDER TIME : 11:52 AM

ORDER NO. : 603957-040

CUSTOMER NO: 5012152

CUSTOMER: Mr. Michael V. Pollard
Hilb, Rogal And Hamilton
4951 Lake Brook Drive, #500

Glen Allen, VA 23060

ANNUAL REPORT FILING

NAME: HILB, ROGAL AND HAMILTON
COMPANY OF TAMPA BAY, INC.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Troy Todd - Ext. 2940

EXAMINER'S INITIALS: _____

RECEIVED
04 MAY -3 PM 3:02
DEPT. OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

262