PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9600045899

1. Corporation Name

HILB, ROGAL AND HAMILTON E&S SERVICES OF FLORIDA , INC.

FILED Mar 04, 1999 8:00 am Secretary of State

03-04-1999 90132 030 ***150.00



Principal Place of Business Mailing Address					
115 NORTH RIDGEWOOD AVENUE 115 NORTH RIDGEWOOD AVENU.			NUE		
DAYTONA BEACH FL 32114		DAYTONA BEACH FL 32114			DO NOT WRITE IN THIS SPACE
					3. Date Incorporated or Qualified
					05/30/1996
- 0:	Control of the contro	2a. Mailing Address			4. FEI Number Applied For
			10 10-		
21 5405 (upress(onk/br. 26 4235 Lm Suite, Apt. #, etc. Suite, Apt. #, etc.			<u>ia ka</u>	ب ا	\$8.75 Additional
	- a - a - a - a - a - a - a - a - a - a	27	¬ · · · ·		5. Certificate of Status Desired Fee Required
22 Surt	<u> </u>		City & State		6. Election Campaign Financing 55.00 May Be
		28 Glen Allen, VA		/A	Trust Fund Contribution Added to Fees
Zip	Country	Zip	Count	<u></u>	8. This corporation owes the current year Intangible
24 3360	7G [25]	29 23060 30			Personal Property Tax.
24 000	9. Name and Address of Current		-		10. Name and Address of New Registered Agent
<u> </u>			8	1 Nam	ne .
THE PRENTICE-HALL CORPORATION SYSTEM, INC.			-	2 Stro	at Address /D.O. Ray Number is Not Acceptable)
1201 HAYS STREET			ļ°	2 Stree	et Address (P.O. Box Number is Not Acceptable)
TALL	AHASSEE FL 32301		8	3	
			8	4 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					
office or n agent. I a	egistered agent, or both, in the State on familiar with, and accept the obligat	or Florida, Such change was auth tions of, Section 607.0505, Florid	a Statuti	98.	iporation's board of directors. Thereby accept the appointment as registered
SIGNATURE	Signature, typed or printed name of registered agent	t and title if applicable (NOTE: Re	egistered Ac	ent signatu	re required when reinstalling) DATE
12.		D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	☐ DELETE	1.1 TITLE	:	☐ Change ☐ Addition
NAME	SMITH, WALTER L		1.2 NAM	Ε	
STREET ADDRESS	4235 INNSLAKE DRIVE		1.3 STR	ET ADDRES	ss
CITY-ST-ZIP	GLEN ALLEN VA 23060		1.4 CITY	- ST-ZIP	
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	ROGAL, ANDREW L		2.2 NAM	E	
STREET ADDRESS	4235 INNSLAKE DRIVE		2.3 STRE	ET ADDRES	SS .
CITY-ST-ZIP	GLEN ALLEN VA 23060		2. 4 CITY		
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	Korman, Timothy J	_	32 NAM		_
STREET ADDRESS	4235 INNSLAKE DRIVE			ET ADDRES	ss
	GLEN ALLEN VA 23060		3.4. CITY		
CITY-ST-ZIP TITLE	P	DELETE	4.1 TITLE		Change Addition
NAME		×	4. 2 NAM		Damenhauer, Lanel G 320
	ADAMS, JOHN C JR.			EET ADDRES	Danenhauer, Daniel G. 5405 Cypiess Gnfer Dr., Svite 330 Tampa, FL 33609
STREET ADDRESS	1616 S. PENINSULA DR				To 200 C/ 33609
CITY-ST-ZIP	DAYTONA BEACH FL	DELETE	4.4 CITY 5.1 TITLE		Tampa FE SSOOT
TITLE	V	DELETÉ	5.1 HILE 5.2 NAM		Tomos, Carolyn
NAME	VINCENT, GLENN D			ET ADDRÉ:	Jones, Carolyn 4235 Innslake Dr Glen Allen, VA 23060
STREET ADDRESS	1522 N. HALIFAX AVE		L		~ 7003 W. 1/A 72A/A
CITY-ST-ZIP	DAYTONA BEACH FL	M en ere	5.4 CITY		Change Addition
TITLE	V	☐ DELETE	6.1 TITLE		
NAME	WILCOX, RICHARD W JR.		6.2 NAM		
STREET ADDRESS	1000 CORPORATE DR., STE 10)0		EET ADDRES	555
ATT / AT 710	CT LAUDEDALE EL		■ 64 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