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Mar 12 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000066222 (6)

1. Corporation Name

~~BUILDERS INSURANCE SERVICES, INC.~~

HOME BUILDERS INSURANCE SERVICES, INC.

Principal Place of Business
2727 ATLANTIC BLVD.
JACKSONVILLE FL 32247

Mailing Address
2727 ATLANTIC BLVD.
JACKSONVILLE FL 32207-3701



3. Date Incorporated or Qualified

08/08/1996

3a. Date of Last Report

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

4. FEI Number

59-3427506

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 has liability for intangible tax under s. 199.032,
Florida Statutes

☐

Yes

☐

No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

STEFFEY, FRED H
6620 SOUTHPPOINT DR., SOUTH, #300
JACKSONVILLE FL 32216-0913

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 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	NAME	STREET ADDRESS	CITY, ST, ZIP	<input type="checkbox"/> DELETE
D	PETWAY, THOMAS F III	2727 ATLANTIC BLVD. P.O. BOX 10197	JACKSONVILLE FL 32247	<input type="checkbox"/>
D	FERGUSON, LEE	2727 ATLANTIC BLVD. P.O. BOX 10197	JACKSONVILLE FL 32247	<input type="checkbox"/>
D	PETWAY, ELIZABETH	2727 ATLANTIC BLVD. P.O. BOX 10197	JACKSONVILLE FL 32247	<input type="checkbox"/>
D	HADLOW, NANCY	2727 ATLANTIC BLVD. P.O. BOX 10197	JACKSONVILLE FL 32247	<input type="checkbox"/>
D	CASTRANOVA, ROBERT	2727 ATLANTIC BLVD. P.O. BOX 10197	JACKSONVILLE FL 32247	<input type="checkbox"/>
D	EMANS, CHRISTOPHER F	2727 ATLANTIC BLVD. P.O. BOX 10197	JACKSONVILLE FL 32247	<input type="checkbox"/>

11 TITLE	12 NAME	13 STREET ADDRESS	14 CITY- ST- ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
21 TITLE	22 NAME	23 STREET ADDRESS	24 CITY- ST- ZIP	<input type="checkbox"/>	<input type="checkbox"/>
31 TITLE	32 NAME	33 STREET ADDRESS	34 CITY- ST- ZIP	<input type="checkbox"/>	<input type="checkbox"/>
41 TITLE	42 NAME	43 STREET ADDRESS	44 CITY- ST- ZIP	<input checked="" type="checkbox"/>	<input type="checkbox"/>
51 TITLE	52 NAME	53 STREET ADDRESS	54 CITY- ST- ZIP	<input type="checkbox"/>	<input type="checkbox"/>
61 TITLE	62 NAME	63 STREET ADDRESS	64 CITY- ST- ZIP	<input type="checkbox"/>	<input type="checkbox"/>

NANCY FALLOON

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 registered agent 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 in an amendment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/8/97

Date

904 398 3907

Daytime Phone #

CR2E034 (9/96)