

J03994

Division of Corporations  
Amendment Section

P.O. Box 6327

Tallahassee, Fl. 32314

400002167324--5

-05/06/97--01062--012

\*\*\*\*\*87.50 \*\*\*\*\*87.50

Re. Florida First Insurance, Inc.

I am forwarding to you the Articles of Dissolution form.  
Per your instructions my address and phone number  
are as follows:

Barry A. WHILDEN

2475 Segovia Ave

JACKSONVILLE, FL 32217

Phone #: 904-731-5299

FILED  
97 MAY -6 PM 2:01  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

I am enclosing my check for 87.50 which is for the  
\$35.00 filing fee and one (1) certified copy of the dissolution.  
Please send to address above

Sincerely  
Barry A. Whilden

VB MAY 14 1997

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## ARTICLES OF DISSOLUTION

FILED  
97 MAY -6 PM 2:01  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

Pursuant to section 607.1403, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

FIRST: The name of the corporation is: FLORIDA FIRST INSURANCE, INC

SECOND: The date dissolution was authorized: FEBRUARY 24, 1995

THIRD: Adoption of Dissolution (CHECK ONE)

☒ Dissolution was approved by the shareholders. The number of votes cast for dissolution was sufficient for approval.

☐ Dissolution was approved by vote of the shareholders through voting groups.

*The following statement must be separately provided for each voting group entitled to vote separately on the plan to dissolve:*

The number of votes cast for dissolution was sufficient for approval by

\_\_\_\_\_  
(voting group)

Signed this 30<sup>th</sup> day of APRIL, 19 97.

Signature

Barry A. Whilden  
(By the Chairman or Vice Chairman of the Board, President, or other officer)

BARRY A. WHILDEN

(Typed or printed name)

PRESIDENT

(Title)