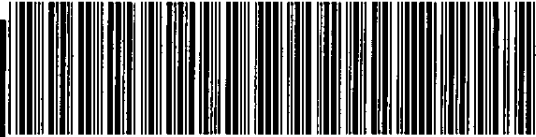


PO500000/5/45

PO RUSSELL PERDUE  
1800 The GREENS Way #1508  
Jacksonville Beach FLA 32250

(Address)



400149071214

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

04/09/09--01028--001 \*\*35.00

UD

Special Instructions to Filing Officer:

Corrects document  
by telephone call  
TH 4/27/09

Office Use Only

FILED  
09 APR 27 PM 3:28  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

T. Roberts APR 27 2009



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 13, 2009

HANCOCK PERDUE INSURANCE SERVICES  
C/O RUSSELL PERDUE  
1800 THE GREENS WAY #1508  
JACKSONVILLE BEACH, FL 32250

SUBJECT: HANCOCK PERDUE INSURANCE SERVICES INC.  
Ref. Number: P05000015145

We have received your document for HANCOCK PERDUE INSURANCE SERVICES INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

It appears that you completed the wrong form.

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6892.

Tina Roberts  
Regulatory Specialist II

Letter Number: 509A00012284

RECEIVED  
2009 APR 27 AM 8:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Hancock-Perdue Insurance Services, Inc.

**DOCUMENT NUMBER:** \_\_\_\_\_

The enclosed **Articles of Dissolution** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Russell G. Perdue  
(Name of Contact Person)

\_\_\_\_\_  
(Firm/Company)

1800 The Greens Way #1508  
(Address)

Jacksonville Beach, FL 32250  
(City/State and Zip Code)

For further information concerning this matter, please call:

Russell G. Perdue at ( 904 ) 962-8076  
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☒ \$35 Filing Fee    ☐ \$43.75 Filing Fee & Certificate of Status    ☐ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)    ☐ \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)

**MAILING ADDRESS:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET ADDRESS:**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

## ARTICLES OF DISSOLUTION

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

FILED  
09 APR 27 PM 3:28  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FIRST: The name of the corporation as currently filed with the Florida Department of State  
HANCOCK PERDUE INSURANCE SERVICES INC.

SECOND: The document number of the corporation (if known): \_\_\_\_\_

THIRD: The date dissolution was authorized: 01-31-09

Effective date of dissolution if applicable: 01/31/09  
(no more than 90 days after dissolution file date)

FOURTH: 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 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)

Signature: \_\_\_\_\_

(By a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary)

Russell G. Perdue

(Typed or printed name of person signing)

President

(Title of person signing)

**Filing Fee: \$35**