

P96000056447

CAPITAL CONNECTION, INC.

417 E. Virginia St., Suite 1, Tallahassee, FL 32301, (904)224-8870
Mailing Address: Post Office Box 10349, Tallahassee, FL 32302
TOLL FREE No. 1-800-342-8062
FAX (904) 222-1222

RE: Construction Insurance
Programs, Inc.

NAME _____
FIRM _____
ADDRESS _____

PHONE () _____

Service: Top Priority _____ Regular _____
One Day Service Two Day Service

To us via _____ Return via _____

Matter No.: _____ Express Mail No. _____

State Fee \$ _____ Our \$ _____

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
96 DEC 31 PM 1:20

	C.C. FEE.	DISBURSED
Capital Express™		
Art. of Inc. File		
Corp. Record Search		
Ltd. Partnership File		
Foreign Corp. File		
<input checked="" type="checkbox"/> (Fast Copy(s))		
Art. of Amend. File		
<input checked="" type="checkbox"/> Dissolution/Withdrawal		
C U S-		
Fictitious Name File		
Name Reservation		
Annual Report/Reinstatement		
Reg. Agent Service		
Document Filing		
Corporate Kit		
Vehicle Search		
Driving Record		
Document Retrieval		
UCC 1 or 3 File		
UCC 11 Search		
UCC 11 Retrieval		
File No.'s, _____ Copies		
Courier Service		
Shipping/Handling		
Phone ()		
Top Priority		
Express Mail Prep.		
FAX () pgs.		
SUBTOTALS		

100002042431-2
-12/31/96-01064-821
***140.00 ***35.00

DIVISION OF CORPORATIONS

RECEIVED

Dissolution
SF 12/31/96

REQUEST _____ TAKEN _____ CONFIRMED _____ APPROVED _____
DATE _____
TIME _____ CK No. _____
BY AA _____

WALK-IN Will Pick Up 12/31/96

FEE.....	\$
DISBURSED.....	\$
SURCHARGE.....	\$
TAX on corporate supplies.....	\$
SUBTOTAL.....	\$
PREPAID.....	\$
BALANCE DUE.....	\$
	\$

Please remit invoice number with payment
TERMS: NET 10 DAYS FROM INVOICE DATE
1 1/2% per month on Past Due Amounts
Past 30 Days, 18% per Annum.

THANK YOU
from
Your Capital Connection

ARTICLES OF DISSOLUTION OF CONSTRUCTION INSURANCE PROGRAMS, INC.

The undersigned, constituting a majority of the directors of **CONSTRUCTION INSURANCE PROGRAMS, INC.**, a Florida corporation, hereby adopt the following Articles of Dissolution on behalf of the corporation pursuant to F.S. §607.1401:

Article I. The name of the corporation is **CONSTRUCTION INSURANCE PROGRAMS, INC.**

Article II. The Articles of Incorporation of the corporation were filed on July 3, 1996.

Article III. No shares of the stock of the corporation have been issued.

Article IV. No debt of the corporation remains unpaid.

Article V. A majority of the directors of the corporation by their execution of these Articles of Dissolution have authorized the dissolution.

Article VI. The effective date of this dissolution shall be December 31, 1996, or the date of the filing of these Articles of Dissolution, whichever shall last occur.

IN WITNESS WHEREOF, the undersigned have executed these Articles of Dissolution, the 24 day of December, 1996.


THOMAS F. PETWAY, III


ROBERT J. CASTRANOVA


LEE A. FERGUSON


CHRISTOPHER F. EMANS

STATE OF FLORIDA)

COUNTY OF DUVAL)

I HEREBY CERTIFY that on this day, before me, an officer duly authorized in the county and state aforesaid to take acknowledgments, personally appeared **THOMAS F. PETWAY, III** (Known to me ☒ or Type of Ident. & No.: _____), **ROBERT J. CASTRANOVA** (Known to me ☒ or Type of Ident. & No.: _____), **LEE A. FERGUSON**, (Known to me ☒ or Type of Ident. & No.: _____), and **CHRISTOPHER F. EMANS**, (Known to me ☒ or Type of Ident. & No.: _____), in their capacities as the directors of **CONSTRUCTION INSURANCE PROGRAMS, INC.**, and who executed the foregoing document, and they acknowledged before me that they executed the same for the purposes therein expressed.

WITNESS my hand and official seal this 24 day of DECEMBER, 1996.



MONICA LYNN KYLE
My Comm Exp. 7/10/99
Bonded By Service Ins
No. CC479034

[] Personally Known [] Other I.D.

 (SEAL)
NOTARY PUBLIC, State of Florida

PRINT NAME MONICA LYNN KYLE
My Commission Expires:

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