

# P0000066 222

**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

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 \$ \_\_\_\_\_

Name	12/31/96
Account #	10011
Document #	10011
of	10011
W.P. Ventner	10011

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

WALK-IN Will Pick Up 1231 230

RE: Builders Insurance Services Inc.

Capital Express™	_____	DISBURSED
Art. of Inc. File	_____	FILED
Corp. Record Search	_____	DEC 31 PM 4:17
Ltd. Partnership File	_____	SECRETARY OF STATE
Foreign Corp. File	_____	TALLAHASSEE, FLORIDA
<del>Foreign</del> Copy(s)	_____	
Art. of Amend. File	_____	
Dissolution/Withdrawal	_____	
C U S -	_____	
Fictitious Name File	_____	
Name Reservation	500002642435-9	
Annual Report/Reinstatement	-12/31/96-01064-021	
Reg. Agent Service	***140.00 ***35.00	
Document Filing	<u>Change</u>	
Corporate Kit	<u>Amend</u>	
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.	_____	

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

## AFFIDAVIT

STATE OF FLORIDA    )  
                                  )  
COUNTY OF DUVAL    )

The undersigned President of Home Builders Insurance Services, Inc., being first duly sworn, hereby deposes and says:


1. Home Builders Insurance Services, Inc., which has adopted an Amendment to its Articles of Incorporation effective the later of January 1, 1997, or the date of the filing of such Articles with the Florida Secretary of State will not revoke such name change.

2. Builders Insurance Services, Inc. may use the corporate name Home Builders Insurance Services, Inc. after the effective date of the name change of Home Builders Insurance Services, Inc.

IN WITNESS WHEREOF, this Affidavit has been executed this 24 day of December, 1996.

  
\_\_\_\_\_  
LEE A. FERGUSON

Sworn to and subscribed before  
me the 24 day of December, 1996.

  
NOTARY PUBLIC, State of Florida  
Print Name: MONICA LYNN KYLE  
My commission expires:



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

[[Personally Kept    ]] CO-21-D

EFFECTIVE DATE  
12/97

D:\WP71\CORPORATE\BIZ\F.A.M.I.\wpd

**AMENDMENT TO  
ARTICLES OF INCORPORATION OF  
BUILDERS INSURANCE SERVICES, INC.**

**FILED**  
96 DEC 31 PM 4:17  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

By written consent of all of the directors and shareholders of **BUILDERS INSURANCE SERVICES, INC.**, pursuant to F. S. §607.0821 and §607.0704, the following amendment to the Articles of Incorporation of the corporation was adopted on December 24, 1996, effective the later of January 2, 1997, or the filing of this Amendment with the Florida Secretary of State:

The first sentence of Article I is amended in whole to read as follows:

The name of this corporation is Home Builders Insurance Services, Inc.

IN WITNESS WHEREOF, this Amendment has been executed on behalf of the corporation by its President and Secretary the 24 day of December, 1996.

**BUILDERS INSURANCE SERVICES, INC.**

By [Signature]  
**LEE A. FERGUSON, President**

By [Signature]  
**LEE A. FERGUSON, Secretary**  
A.

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 **LEE A. FERGUSON** (Known to me \_\_\_\_\_ or Type of Ident. & No. \_\_\_\_\_), in his capacities as the President and Secretary of **BUILDERS INSURANCE SERVICES, INC.**, and who executed the foregoing document, and he acknowledged before me that he 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 ( ) Court L.D.

[Signature] (SEAL)  
NOTARY PUBLIC, State of Florida  
PRINT NAME MONICA LYNN KYLE  
My Commission Expires: