

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**  
**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  
 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

2. Principal Place of Business  
 21 Suite, Apt. #, etc.  
 22 City & State  
 23 Zip Country  
 24 Zip Country  
 25 Country  
 26 Mailing Address  
 27 Suite, Apt. #, etc.  
 28 City & State  
 29 Zip Country  
 30 Zip Country

9. Name and Address of Current Registered Agent  
**STEFFEY, FRED H**  
**6620 SOUTHPPOINT DR., SOUTH, #300**  
**JACKSONVILLE FL 32216-0913**

10. Name and Address of New Registered Agent  
 81 Name  
 82 Street Address (P.O. Box Number is Not Acceptable)  
 83  
 84 City  
 85 Zip Code **FL**

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>NANCY FALLOON</b>
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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 receiver 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: \_\_\_\_\_ DATE: **1/8/97** DAYTIME PHONE #: **904 398 3907**

CR2E034 (9/96)