

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

FILED

**Jan 15 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
-------------------------------------------------	-----------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------

DOCUMENT # P96000066222 (6)

1. Corporation Name
HOME BUILDERS INSURANCE SERVICES, INC.

Principal Place of Business 2727 ATLANTIC BLVD. JACKSONVILLE FL 32247	Mailing Address 2727 ATLANTIC BLVD. JACKSONVILLE FL 32247
-----------------------------------------------------------------------------	-----------------------------------------------------------------



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 08/08/1996	
21	Suite, Apt. #, etc	26	Suite, Apt. #, etc.	4. FEI Number 59-3427506	
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23	Zip	28	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

g. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
STEFFEY, FRED H 6620 SOUTHPPOINT DR., SOUTH, #300 JACKSONVILLE FL 32216-0913				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	<input type="checkbox"/> DELETE		1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PETWAY, THOMAS F III			1.2 NAME			
STREET ADDRESS	2727 ATLANTIC BLVD. P.O. BOX 10197			1.3 STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE FL 32247			1.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FERGUSON, LEE			2.2 NAME			
STREET ADDRESS	2727 ATLANTIC BLVD. P.O. BOX 10197			2.3 STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE FL 32247			2.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PETWAY, ELIZABETH			3.2 NAME			
STREET ADDRESS	2727 ATLANTIC BLVD. P.O. BOX 10197			3.3 STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE FL 32247			3.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FALON, NANCY			4.2 NAME			
STREET ADDRESS	2727 ATLANTIC BLVD. P.O. BOX 10197			4.3 STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE FL			4.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CASTRANOVA, ROBERT			5.2 NAME			
STREET ADDRESS	2727 ATLANTIC BLVD. P.O. BOX 10197			5.3 STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE FL 32247			5.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	EMANS, CHRISTOPHER F			6.2 NAME			
STREET ADDRESS	2727 ATLANTIC BLVD. P.O. BOX 10197			6.3 STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE FL 32247			6.4 CITY-ST-ZIP			

14. I 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 employed 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 on an attachment with an address.

SIGNATURE: _____ 1/6/98 904 398-3907

CR2E034 (10/97)