

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

FILED
Jan 28, 1999 8:00am
Secretary of State

PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

01-28-1999 90033 032 ***150.00

DOCUMENT # P96000066222

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
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DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified 08/08/1996	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
4. FEI Number 59-3427506		
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

9. Name and Address of Current Registered Agent
STEFFEY, FRED H
6620 SOUTHPOINT 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 **FL** 85 Zip Code

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

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 type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
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 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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____ Date: 1/6/99 Daytime Phone #: 904 398-3907

CR2E034 (1/198)