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| UNITED STATES BANKRUPTCY COURT - MIDDLE DISTRICT OF FLORIDA JACKSONVILLE DIVISION | PROOF OF CLAIM Chapter 11 |
| Name of Debtor: TAYLOR, BEAN & WHITAKER MORTGAGE CORP. | Judge JERRY A FUNK Case Number: 3:09-07047-JAF |
| NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A request for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503. | |
| Name of Creditor (The person or other entity to whom the debtor owes money or property): American Express Travel Related Services Co, Inc Corp Card | <input type="checkbox"/> Check this box to indicate that this claim amends a previously filed claim. |
| Name and address where notices should be sent: Becket and Lee LLP Attorneys/Agent for Creditor POB 3001 Malvern, PA 19355-0701 Telephone number: 610-644-7800 | Court Claim Number: _____ Filed on: _____ |
| Name and address where payment should be sent (if different from above): <div style="text-align: center;"> CLAIM FILED JACKSONVILLE, FLORIDA OCT 26 2009 </div> | <input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars. <input type="checkbox"/> Check this box if you are the debtor or trustee in this case. |
| Telephone number: _____ | <input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars. <input type="checkbox"/> Check this box if you are the debtor or trustee in this case. |
| 1. Amount of Claim as of Date Case Filed: \$ <u>5,160.66</u> If all or part of your claim is secured, complete item 4 below; however, if all of your claim is unsecured, do not complete item 4. If all or part of your claim is entitled to priority, complete item 5. <input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges. | 5. Amount of Claim Entitled to Priority under 11 U.S.C. §507(a). If any portion of your claim falls in one of the following categories, check the box and state the amount. Specify the priority of the claim. |
| 2. BASIS FOR CLAIM: <u>CREDIT CARD DEBT</u> (See instruction #2 on reverse side.) | <input type="checkbox"/> Domestic support obligations under 11 U.S.C. §507(a)(1)(A) or (a)(1)(B). <input type="checkbox"/> Wages, salaries, or commissions (up to \$10,950*) earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. §507(a)(4). |
| 3. Last four digits of account or other number by which creditor identifies debtor: <u>*****1008</u> 3a. Debtor may have scheduled account as: _____ (See instruction #3a on reverse side) | <input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. §507(a)(5). <input type="checkbox"/> Up to \$2,425* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. §507(a)(7) |
| 4. Secured Claim. (See instruction #4 on reverse side.) Check the appropriate box if your claim is secured by a lien on property or a right of setoff and provide the requested information. Nature of property or right of setoff: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other Describe: Value of Property: \$ _____ Annual Interest Rate _____ % Amount of arrearage and other charges as of time case filed included in secured claim, if any: \$ _____ Basis for perfection: _____ Amount of Secured Claim: \$ _____ Amount Unsecured: \$ _____ | <input type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. §507(a)(8). <input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. §507(a)(____). Amount entitled to priority: \$ _____ |
| 6. Credits: The amount of all payments on this claim has been credited for the purpose of making this proof of claim. | *Amounts are subject to adjustment on 4/1/10 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment. |
| 7. Documents: Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements or running accounts, contracts, judgements, mortgages, and security agreements. You may also attach a summary. Attach redacted copies of documents providing evidence of perfection of a security interest. You may also attach a summary. (See definition of "redacted" on reverse side.) DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING. | |
| If the documents are not available, please explain: Date: 10/7/09 <div style="text-align: center;"> Becket & Lee LLP, Attorneys/Agent for Creditor </div> | FOR COURT USE ONLY T, B & W Mortgage Corp. 00185 |

Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.

A080JJK

Pet:8/24/09





**Corporate Card
Statement of Account**

**Sign-up For Online
Statements**

www.americanexpress.com/checkyourbill

Prepared For
**MICHAEL PROCTOR
TAYLOR BEAN WHITAKER**

Account Number
XXXX-XXXX 31008

Closing Date
08/28/09

Page 1 of 4

| Previous Balance \$ | New Charges \$ | Other Debits \$ | Payments \$ | Other Credits \$ | Balance Please Pay By Due \$ 09/12/09 |
|---------------------|----------------|-----------------|-------------|------------------|--|
| 3,713.75 | 2,046.91 | 0.00 | 0.00 | 0.00 | 5,760.66 |

For important information regarding your account refer to page 2.

Your account is 30 days past due. Pay by 09/12/09 to avoid delinquency charge.

For assistance or questions about your account, contact us at www.americanexpress.com/checkyourbill or call Customer Service at 1-800-528-2122.

Activity Date reflects either transaction or posting date

| Card Number | XXXX-XXXX | 1008 | Reference Code | Amount \$ |
|-------------|--|--|----------------|-----------|
| 07/29/09 | ENTERPRISE RENTACAR LAS VEGAS NV R/A# D283562 | AUTOMOBILE RE 07/29/09 ENTERPRISE RENTACAR LAS VEGAS 1005 | 34906674400 | 132.90 |
| | LOCATION DATE/TIME RENTAL AGREEMENT LAS VEGAS NV 07/27/09 120000 RETURN TR# LAS VEGAS NV 07/29/09 BARU AYLON | 349066744 | | |
| 07/29/09 | ENTERPRISE RENTACAR HEBRON KY R/A# D168490 | AUTOMOBILE RE 07/29/09 ENTERPRISE RENTACAR HEBRON 1008578 | 34903615500 | 223.88 |
| | LOCATION DATE/TIME RENTAL AGREEMENT HEBRON KY 07/28/09 120000 RETURN TR# HEBRON KY 07/29/09 HARRIS MIC | 349036155 | | |

↓ Please fold on the perforation below, detach and return with your payment ↓
Do not staple or use paper clips
Payment Coupon

Account Number
1008

**Please Pay By
09/12/09**

Continued on Page 3

Payable upon receipt in U.S. Dollars.

Please enter account number on all checks and correspondence.

**Amount Due
\$5,760.66**

Checks or drafts must be drawn against banks located in the U.S.

Check here if address, telephone number, or e-mail address has changed. Note changes on reverse side.

MICHAEL PROCTOR
TAYLOR BEAN WHITAKER
315 NE 14TH ST
OCALA FL 34470

Mail Payment to:

AMERICAN EXPRESS
PO BOX 360001
FT LAUDERDALE FL 33336-0001



Prepared For
MICHAEL PROCTOR
TAYLOR BEAN WHITAKER

Account Number
XXXX-XXXX 1008

Payments: Your American Express® Corporate Card statement is payable in full upon receipt. Payments received after 12:00 noon may not be credited until the next day. Payments must be sent to the payment address shown on your statement and must include the remittance coupon from your statement. Payments must be made with a single draft or check drawn on a US bank and payable in US dollars, or with a negotiable instrument payable in US dollars and clearable through the US banking system. Your Account number must be included on all payments. If payment does not conform to these requirements, crediting may be delayed and additional Charges may be imposed. If we accept payment made in a foreign currency, we will choose a conversion rate that is acceptable to us to convert payment into US dollars, unless a particular rate is required by law. Please do not send post-dated checks. They will be deposited upon receipt. Our acceptance of any payment marked with a restrictive legend will not operate as an accord and satisfaction, without our express prior written approval. **Authorization for Electronic Debit:** We will process checks electronically, at first presentment and any re-presentments, by transmitting the amount of the check, routing number, account number, and check serial number to your financial institution, unless the check is not processable electronically or a less costly process is available. By submitting a check for payment, you authorize us to initiate an electronic debit from your bank or asset account. When we process your check electronically, your payment may be debited to the bank or asset account as soon as the same day we receive your check, and you will not receive that cancelled check with your bank or asset account statement. If we cannot collect the funds electronically we may issue a draft against the bank or asset account for the amount of the check. If you currently send in an individual payment for expenses on the Corporate Card, please note that you are eligible to pay your bill online at www.americanexpress.com/checkyourbill. **Authorization for Electronic Payments:** By using Pay by Computer, Pay by Phone or any other electronic payment service of ours, you will be authorizing us to initiate an electronic debit to the financial account you specify in the amount you request. Payments received after 8:00 pm MST may not be credited until the next day. **Transactions Made in Foreign Currencies:** If you incur a Charge in a foreign currency, it will be converted into US dollars on the date it is processed by us or our agents. Unless a particular rate is required by applicable law, we will choose a conversion rate that is acceptable to us for that date. Currently the conversion rate that we use for a charge in a foreign currency is no greater than (a) the highest official conversion rate published by a government agency, or (b) the highest interbank conversion rate identified by us from customary banking sources, on the conversion date or the prior business day, in each instance increased by 2.5%. This conversion rate may differ from rates in effect on the date of your Charge. Charges converted by establishments (such as airlines) will be billed at the rates such establishments use. **In Cash of Errors or Questions About Your Bill:** If you think your bill is incorrect, or if you need more information about a transaction on your bill, please call 1-800-528-2122. You can also write us on a separate sheet of paper at the Customer Service address noted to the right. Requests for refunds of credit balances (designated "CR") should be made by calling us at 1-800-528-2122. Billing disputes can also be initiated online through Manage Your Card Account at www.americanexpress.com/checkyourbill. This applies to Corporate Cards only, not cards issued under the Corporate Defined Express Program. **In Case of Errors or Questions about Electronic Transfers:** Please contact us by calling 1-800-IFAY-AXP for Pay By Phone and Pay By Computer issues or 1-800-CASH-NOW for Corporate Express Cash and automatic payment issues. You can also write to the Corporate Express Cash Operations address noted to the right. **When Contacting Us Regarding Errors or Questions:** We must hear from you no later than 60 days after we send you the first bill on which the error or problem appeared. When contacting us, please give us the following information: 1. Your name and account number; 2. The dollar amount of the suspected error; 3. Describe why you believe there is an error. If you need more information, describe the item you are unsure about. You do not have to pay any amount in question while we are investigating, but you are still obligated to pay the parts of your bill that are not in question. While we investigate your question, we can not report you as delinquent or take any action to collect the amount you question. **Corporate Express Cash Inquiries:** For financial inquiries about Corporate Express Cash automated teller machine transactions, contact Corporate Express Cash Operations at the address noted to the right or call 1-800-CASH-NOW. To obtain the location of the nearest participating ATM, please dial toll-free 1-800-CASH-NOW. Corporate Express Cash participants who have changed their bank account must contact 1-800-CASH-NOW to obtain proper updating forms. Do not use Corporate Express Cash until the bank account has been confirmed. **Lost or Stolen Card:** If the card is lost or stolen, in the US immediately telephone 1-800-441-0519. Outside the US contact the nearest American Express Travel Service Office or any local American Express office. **Global Assist® Hotline:** Corporate Cardmembers who travel can get emergency medical and legal referrals 24 hours a day, virtually anywhere in the world. Just call 1-800-554-AMEX in the U.S. or if you're overseas, call collect at 1-715-343-7977. We will supply you with names and telephone numbers of local healthcare providers, give you information about inoculations, visas, and US consulates. For more information about other services available through Global Assist® Hotline, call 1-800-554-AMEX. **Business Travel Accident Insurance Plan and American Express® Card Baggage Insurance Plan².** Cardmembership includes up to \$350,000 Accidental Death and Dismemberment insurance every time you travel on business and charge your common carrier tickets (air, land, sea) to your Corporate Card Account. Non-business travel is covered for up to \$100,000. Baggage insurance pays in excess of the carrier's liability up to \$500 for check baggage and \$1,250 for carry-on. Note: Your Corporation, firm, or organization may have its own policy or customized program, which takes precedence over any provision stated above. **1 Business Travel Accident Insurance Plan** is underwritten by Federal Insurance Company, a member insurer of the Chubb Group of Insurance Companies, Warren, NJ and subject to terms, conditions, and exclusions of Policy 6477-82-04. **2 American Express Card Baggage Insurance Plan** is underwritten by AMEX Assurance Company, Administrative Office, De Pere, WI and subjected to the terms, conditions and exclusions of Policy AX0400.



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 1-800-528-2122

International Collect:
 1-336-393-1111

Hearing Impaired Services:
 TTY: 1-800-221-9950
 FAX: 1-800-695-9090

Large Print and Braille Statements
 1-800-528-2122

Global Assist
 1-800-554-AMEX
 International Collect:
 1-715-343-7977



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Customer Service
 P.O. Box 981535
 El Paso, TX
 79998-1535

Express Cash
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 El Paso, TX
 79998-1531

Payments
 PO BOX 360001
 FT LAUDERDALE
 FL
 33336-0001

Change of Address
 If correct on front
 do not use

| | | | | | | | | | | | | | | | | | | | | | | | | | |
|--------------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| Name | | | | | | | | | | | | | | | | | | | | | | | | | |
| Company Name | | | | | | | | | | | | | | | | | | | | | | | | | |
| Street Address | | | | | | | | | | | | | | | | | | | | | | | | | |
| City, State | | | | | | | | | | | | | | | | | | | | | | | | | |
| Zip Code | | | | | | | | | | | | | | | | | | | | | | | | | |
| Area Code and Home Phone | | | | | | | | | | | | | | | | | | | | | | | | | |
| Area Code and Work Phone | | | | | | | | | | | | | | | | | | | | | | | | | |
| Email | | | | | | | | | | | | | | | | | | | | | | | | | |

Providing your email address to American Express will enable you to receive special offers, suited to your needs.



Prepared For
MICHAEL PROCTOR
TAYLOR BEAN WHITAKER

Account Number
 XXXX-XXXX 11008

Closing Date
 08/28/09

Page 3 of 4

| Activity Continued | | Reference Code | Amount \$ |
|--------------------|---|----------------|-----------|
| 08/02/09 | ENTERPRISE RENTACAR PHOENIX AZ R/A# D913852 AUTOMOBILE RE 08/02/09 ENTERPRISE RENTACAR PHOENIX 100433 LOCATION DATE/TIME RENTAL AGREEMENT PHOENIX AZ 07/30/09 349879839 120000 RETURN TR# PHOENIX AZ 08/02/09 MILLER LIS | 34987983900 | 209.00 |
| 08/03/09 | ENTERPRISE RENTACAR COLUMBIA SC R/A# D048373 AUTOMOBILE RE 08/03/09 ENTERPRISE RENTACAR COLUMBIA 10091 LOCATION DATE/TIME RENTAL AGREEMENT COLUMBIA SC 08/03/09 350144798 120000 RETURN TR# COLUMBIA SC 08/03/09 DAWSON BRI | 35014479800 | 51.08 |
| 08/06/09 | ENTERPRISE RENTACAR WOODSTOCK GA R/A# D002321 AUTOMOBILE RE 08/06/09 ENTERPRISE RENTACAR WOODSTOCK1012 LOCATION DATE/TIME RENTAL AGREEMENT WOODSTOCK GA 08/03/09 351013888 120000 RETURN TR# WOODSTOCK GA 08/06/09 PARKER DOU | 35101388800 | 154.07 |
| 08/07/09 | ENTERPRISE RENTACAR ATLANTA GA R/A# D080439 AUTOMOBILE RE 08/07/09 ENTERPRISE RENTACAR ATLANTA 100009 LOCATION DATE/TIME RENTAL AGREEMENT ATLANTA GA 07/30/09 351322036 120000 RETURN TR# ATLANTA GA 08/07/09 POLKINGHORNE | 35132203600 | 339.98 |
| 08/07/09 | ENTERPRISE RENTACAR ALGONQUIN IL R/A# D109100 AUTOMOBILE RE 08/07/09 ENTERPRISE RENTACAR ALGONQUIN 1015 LOCATION DATE/TIME RENTAL AGREEMENT ALGONQUIN IL 07/31/09 351314724 120000 RETURN TR# ALGONQUIN IL 08/07/09 DULMAGE JO | 35131472400 | 244.38 |
| 08/11/09 | ENTERPRISE RENTACAR MARIETTA GA R/A# D758347 AUTOMOBILE RE 08/11/09 ENTERPRISE RENTACAR MARIETTA 10001 LOCATION DATE/TIME RENTAL AGREEMENT MARIETTA GA 08/01/09 352119322 120000 RETURN TR# MARIETTA GA 08/11/09 THOMPSON R | 35211932200 | 91.64 |

Continued on reverse

Prepared For
MICHAEL PROCTOR
TAYLOR BEAN WHITAKER

Account Number
XXXX-XXXX 1008

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| Activity Continued | | Reference Code | Amount \$ |
|----------------------------------|--|--|------------------|
| 08/27/09 | ENTERPRISE RENTACAR KILLEEN TX R/A# D334852 AUTOMOBILE RE 08/27/09 ENTERPRISE RENTACAR KILLEEN 100592 | 35602599600 | 600.00 |
| | LOCATION DATE/TIME RENTAL AGREEMENT KILLEEN TX 08/19/09 356025998 120000 RETURN TR# KILLEEN TX 08/27/09 MCBRIDE DO | | |
| Total for MICHAEL PROCTOR | | New Charges/Other Debits Payments/Other Credits | 2,046.91 0.00 |

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JAMIE L. VENTERS

SENDER'S EXT. _____


- * ALSO MEMBER NJ E
- ALSO MEMBER FL BAR
- + ALSO MEMBER CA BAR

Re: PROOFS OF CLAIM

Enclosed please find Proofs of Claim for immediate filing. Please file stamp the extra copies provided and return them in the enclosed pre-addressed envelope(s). If there is an error in the bankruptcy number, or any other defect in the Proofs of Claim, please also return the erroneous document(s) in the envelope provided.

Please do not hesitate to contact our office if we may assist you in the processing of these documents. Thank you for your cooperation.

Very truly yours,
BECKET & LEE

BY: 
Thomas A. Lee III

Encl.