

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morton
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 APR -7 AM 5:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000025642 (8)

1. Corporation Name:

WELLINGTON TITLE INSURANCE CORPORATION

Principal Place of Business

12765 WEST FOREST HILL BLVD.
STE. 1302
WELLINGTON FL 33414

Mailing Address

12765 WEST FOREST HILL BLVD.
STE. 1302
WELLINGTON FL 33414

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/02/1993

3a. Date of Last Report

05/01/1994

4. FEI Number

65-0274821

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

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

PAPARELLA, ANTHONY
12765 WEST FOREST HILL BLVD.
STE. 1302
WELLINGTON FL 33414

10. Name and Address of New Registered Agent

81 Name

Kathleen A. Paparella

82 Street Address (P.O. Box Number is Not Acceptable)

12765 WEST FOREST HILL BLVD.

83 Suite

Suite 1302

84 City

Wellington

FL

85 Zip Code

33414

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 is 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

Kathleen A. Paparella

President

3-13-95

(Signature required to certify change of registered agent and that of corporation)

(Signature required to certify change of registered agent when not a director)

(Date)

12. OFFICERS AND DIRECTORS

12.1 TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

PTD
PAPARELLA, KATHLEEN A
12765 WEST FOREST HILL BLVD. STE. 1302
WELLINGTON FL 33414

12.2 TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

VSD
PAPARELLA, ANTHONY
12765 WEST FOREST HILL BLVD. STE. 1302
WELLINGTON FL 33414

12.3 TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

12.4 TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

12.5 TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

12.6 TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1 TITLE

13.2 NAME

13.3 STREET ADDRESS

13.4 CITY, ST, ZIP

☐ Change

☐ Addition

13.5 TITLE

13.6 NAME

13.7 STREET ADDRESS

13.8 CITY, ST, ZIP

☐ Change

☐ Addition

13.9 TITLE

13.10 NAME

13.11 STREET ADDRESS

13.12 CITY, ST, ZIP

☐ Change

☐ Addition

13.13 TITLE

13.14 NAME

13.15 STREET ADDRESS

13.16 CITY, ST, ZIP

☐ Change

☐ Addition

13.17 TITLE

13.18 NAME

13.19 STREET ADDRESS

13.20 CITY, ST, ZIP

☐ Change

☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(4)(b), 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 my address.

SIGNATURE:

Kathleen A. Paparella / President

3/13/95 407-790-7455

(Signature and typed or printed name of signing officer or director)

(Date)

(Telephone Number)