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1995

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000002037 (7)

READY TITLE COMPANY OF FLORIDA, INC.

Principal Place of Business	Mailing Address
3401 WEST CYPRESS ST. SUITE 202 TAMPA FL 33607	3401 WEST CYPRESS ST. SUITE 202 TAMPA FL 33607

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 01/07/1994
3a. Date of Last Report:

4. FEI Number: 59-3217622 ☐ 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
22 Suite, Apt. #, etc.
23 City & State
24 Zip 25 County

2a. Mailing Address
26
27 Suite, Apt. #, etc.
28 City & State
29 Zip 30 Country

9. Name and Address of Current Registered Agent

CORPORATION INFORMATION SERVICES INC.
1201 HAYS ST.
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name: Harold Hickman
82 Street Address (P.O. Box Number is Not Acceptable): 3401 W. Cypress St.
83 Tampa
84 City FL 85 Zip Code 33607

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: Harold Hickman President/Director DATE 2/9/95

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE: DP NAME: HICKMAN, HAROLD STREET ADDRESS: 3401 W. CYPRESS ST., STE. 202 CITY-ST-ZIP: TAMPA FL 33607	1 1 TITLE / 1 2 NAME / 1 3 STREET ADDRESS / 1 4 CITY-ST-ZIP ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	2 1 TITLE / 2 2 NAME / 2 3 STREET ADDRESS / 2 4 CITY-ST-ZIP ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	3 1 TITLE / 3 2 NAME / 3 3 STREET ADDRESS / 3 4 CITY-ST-ZIP ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	4 1 TITLE / 4 2 NAME / 4 3 STREET ADDRESS / 4 4 CITY-ST-ZIP ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	5 1 TITLE / 5 2 NAME / 5 3 STREET ADDRESS / 5 4 CITY-ST-ZIP ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	6 1 TITLE / 6 2 NAME / 6 3 STREET ADDRESS / 6 4 CITY-ST-ZIP ☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: ______ 2/24/95 813-8760619

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0202600 CP