FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 29 PM 6:41

DOCUMENT # **004763** **(9)**

1. Corporation Name

FLORIDA LAND TITLE & TRUST COMPANY

Principal Place of Business	Mailing Address
2665 JEFFERSON ST MARIANNA FL 32446 US	PO BOX 1528 MARIANNA FL 32447 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified	30. Date of Last Report
08/27/1910	04/18/1994

2. Principal Place of Business (21)	2a. Mailing Address (26)	4. FEI Number: 59-0247110	☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. (22)	Suite, Apt. #, etc. (27)	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
City & State (23)	City & State (28)	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
Zip (24) Country (25)	Zip (29) Country (30)	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent

CRISP,ROBERT F
2305 FILLMORE DR
MARIANNA FL ~~32446~~ 32448

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 _____ DATE

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when necessary)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD	11 TITLE	☒ Change ☐ Addition
NAME	DUNAWAY, HARRY W	12 NAME	
STREET ADDRESS	5671 NUBBIN RIDGE RD	13 STREET ADDRESS	Delete
CITY-ST-ZIP	GREENWOOD FL	14 CITY-ST-ZIP	
TITLE	SD	21 TITLE	☒ Change ☐ Addition
NAME	CRISP, PATRICIA M	22 NAME	
STREET ADDRESS	2305 FILLMORE DR	23 STREET ADDRESS	
CITY-ST-ZIP	MARIANNA, FL ~~00000~~	24 CITY-ST-ZIP	32448
TITLE	PD	31 TITLE	☒ Change ☐ Addition
NAME	CRISP, ROBERT F	32 NAME	
STREET ADDRESS	2305 FILLMORE DR	33 STREET ADDRESS	
CITY-ST-ZIP	MARIANNA, FL ~~00000~~	34 CITY-ST-ZIP	32448
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

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 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: Robert L Crisp 3/29/95 (904)482-2323

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