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

APPROVED AND FILED

95 APR 27 PM 12:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **015288** **(4)**

1. Corporation Name

FLORIDA SOUTHERN ABSTRACT & TITLE COMPANY

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
6630 W. BROAD ST. P.O. BOX 27567 RICHMOND VA 23261	6630 W. BROAD ST. P.O. BOX 27567 RICHMOND VA 23261

3. Date Incorporated or Qualified: **01/26/1925**

3a. Date of Last Report: **05/01/1994**

2. Principal Place of Business — 21:
Suite, Apt. #, etc. — 22:
City & State — 23:
Zip — 24:
Country — 25:

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

4. FEI Number: **59-0248130** ☐ 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

9. Name and Address of Current Registered Agent

MILEY, LLOYD R.
10500 UNIVERSITY DR., STE. 200
TAMPA FL 33612

10. Name and Address of New Registered Agent

01 Name
02 Street Address (P.O. Box Number is Not Acceptable)
03
04 City **FL** 05 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 mandatory)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	FOSTER, CHARLES H, JR.	12 NAME	
STREET ADDRESS	6630 W BROAD ST	13 STREET ADDRESS	
CITY ST ZIP	RICHMOND, VA 00000	14 CITY ST ZIP	
TITLE	VD	21 TITLE	☐ Change ☐ Addition
NAME	BLANCHARD, JOHN R	22 NAME	
STREET ADDRESS	6630 W BROAD ST	23 STREET ADDRESS	
CITY ST ZIP	RICHMOND, VA 00000	24 CITY ST ZIP	
TITLE	STD	31 TITLE	☐ Change ☐ Addition
NAME	EVANS, G. WILLIAM	32 NAME	
STREET ADDRESS	6630 W BROAD ST	33 STREET ADDRESS	
CITY ST ZIP	RICHMOND, VA 00000	34 CITY ST ZIP	
TITLE	ATS	41 TITLE	☐ Change ☐ Addition
NAME	RAMOS, RONALD B	42 NAME	
STREET ADDRESS	6630 W BROAD ST	43 STREET ADDRESS	
CITY ST ZIP	RICHMOND, VA 00000	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: G. WILLIAM EVANS G. William Evans 4/11/95 804-281-6700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0002736 CP