

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

96 SEP 16 AM 10:19

DOCUMENT # 196913 (8)

1. Corporation Name

GULF ABSTRACT & TITLE INC

Principal Place of Business

Mailing Address

PO BOX 1877  
FT MYERS FL 33901  
US

PO BOX 1877  
FT MYERS FL 33901  
US

3. Date Incorporated or Qualified

10/18/1956

3a. Date of Last Report

02/17/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt #, etc.

Suite, Apt #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GREEN, CHARLES F. JR.  
2751 MCGREGOR BLVD.  
FT MYERS FL 33901

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

Signature, typed or printed name of registered agent and filed applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

NAME ROOSA, RICHARD V.  
STREET ADDRESS 1714 CAPE CORAL PKWY.  
CITY-ST-ZIP CAPE CORAL FL

TITLE ST ☐ DELETE

NAME BUCKLEY, STEPHEN  
STREET ADDRESS 2201 MAIN STREET  
CITY-ST-ZIP FT MYERS, FL 0

TITLE V ☐ DELETE

NAME JOHNSON, SAMUEL V.  
STREET ADDRESS 2229 FIRST STREET  
CITY-ST-ZIP FT MYERS, FL 0

TITLE D ☐ DELETE

NAME HARRISON, SIMON N.  
STREET ADDRESS 1802 COLONIAL BLVD.  
CITY-ST-ZIP FT. MYERS FL

TITLE D ☐ DELETE

NAME BRETT, JAY.  
STREET ADDRESS 2121 WEST 1ST ST.  
CITY-ST-ZIP FT MYERS, FL 0

TITLE D ☐ DELETE

NAME SIMPSON, JOE.  
STREET ADDRESS 1619 JACKSON ST.  
CITY-ST-ZIP FT MYERS, FL 0

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

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)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Richard V. S. Roosa, Pres.*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/12/96

AA 542 4733