FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

x CORPORATION
ANNUAL REPORT
1995

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

APPROVED
AND
FILED

95 MAY -1 AM 11:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **213420** **(3)**

1. Corporation Name

FLORIDA ABSTRACT & TITLE INSURANCE COMPANY OF ST UART

Principal Place of Business	Mailing Address
011-C WEST 23RD ST. P. O. BOX 2493 PANAMA CITY FL 32402	011-C WEST 23RD ST. P. O. BOX 2493 PANAMA CITY FL 32402

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **06/30/1958**
3a. Date of Last Report: **04/29/1994**

2. Principal Place of Business — 21
2a. Mailing Address — 26

Suite, Apt. #, etc. — 22
Suite, Apt. #, etc. — 27

City & State — 23
City & State — 28

Zip — 24
Country — 25
Zip — 29
Country — 30

4. FEI Number: **59-0838522** ☐ 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

PRESTWOOD, CINDY M.
011 WEST 23 STREET
BUILDING C
PANAMA CITY FL

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD	11 TITLE	☐ Change ☐ Addition
NAME	CRISP, DONALD R.	12 NAME	
STREET ADDRESS	731 DRIFTWOOD DR.	13 STREET ADDRESS	
CITY-ST-ZIP	LYNN HAVEN FL	14 CITY-ST-ZIP	
TITLE	PD	21 TITLE	☐ Change ☐ Addition
NAME	HENDERSON, DONALD C.	22 NAME	
STREET ADDRESS	353 HUNTERS CROSSING	23 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL	24 CITY-ST-ZIP	
TITLE	~~D~~	31 TITLE	☐ Change ☐ Addition
NAME	~~CRISP, ROBERT F.~~	32 NAME	
STREET ADDRESS	~~420 S.JEFFERSON ST.~~ DELETE	33 STREET ADDRESS	
CITY-ST-ZIP	~~MARIANNA FL~~	34 CITY-ST-ZIP	
TITLE	VD	41 TITLE	☐ Change ☐ Addition
NAME	PRESTWOOD, CINDY M.	42 NAME	
STREET ADDRESS	16259 E LULLWATER DR	43 STREET ADDRESS	
CITY-ST-ZIP	PANAMA CITY BCH. FL	44 CITY-ST-ZIP	
TITLE	ST	51 TITLE	☐ Change ☐ Addition
NAME	MEDLOCK, G. WILLIAM	52 NAME	
STREET ADDRESS	710 HUNTINGDON ROAD	53 STREET ADDRESS	
CITY-ST-ZIP	PANAMA CITY FL	54 CITY-ST-ZIP	
TITLE	V	61 TITLE	☐ Change ☐ Addition
NAME	CRISP, D. RAY JR.	62 NAME	
STREET ADDRESS	139 CANDLEWICK CIR	63 STREET ADDRESS	
CITY-ST-ZIP	PANAMA CITY, FL	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: S W Medlock G.W. MEDLOCK 4-27-95 904-763-2199
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0030808 CF