FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT 1996

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

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

3. Date Incorporated or Qualified: 06/30/1958
3a. Date of Last Report: 05/01/1995
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

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

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: DONALD R. CRISP
82 Street Address (P.O. Box Number is Not Acceptable): 011-C WEST 23RD STREET
83
84 City: PANAMA CITY FL 85 Zip Code: 32405

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CD CRISP, DONALD R. 731 DRIFTWOOD DR. LYNN HAVEN FL	☐ DELETE	1	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD HENDERSON, DONALD C. 353 HUNTERS CROSSING TALLAHASSEE FL	☐ DELETE	2	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD PRESTWOOD, CINDY M. 16259 E LULLWATER DR PANAMA CITY BCH. FL	☑ DELETE	3	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST MEDLOCK, G. WILLIAM 710 HUNTINGDON ROAD PANAMA CITY FL	☐ DELETE	4 Title: STD	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V CRISP, D. RAY J 139 CANDLEWICK CIR PANAMA CITY FL	☐ DELETE	5 Title: VD	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6	☐ Change ☐ Addition

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

SIGNATURE: [signature] — April 25, 1996 — (904)763-2399
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)