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 MAY -1 AM 8:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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****200.00 ****200.00

DOCUMENT # **276090** **(8)**

1. Corporation Name

KAMPF TITLE AND GUARANTY CORPORATION.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
200 W. FIRST STREET P O BOX 1359 SANFORD FL 32771	200 W. FIRST STREET P O BOX 1359 SANFORD FL 32772-1359 US

3. Date Incorporated or Qualified: **12/02/1963**

3a. Date of Last Report: **03/01/1994**

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: **59-1027995** ☐ 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 (has) for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

KAMPF,CHARLES
200 W FIRST STREET
SANFORD FL 32771

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE		☐ Change ☐ Addition
NAME	HEINLE, RUSSELL	12 NAME		
STREET ADDRESS	762 WILLOUGHBY CT.	13 STREET ADDRESS		
CITY ST ZIP	WINTER SPRINGS FL	14 CITY ST ZIP		
TITLE	D	21 TITLE		☐ Change ☐ Addition
NAME	KAMPF, DORIS	22 NAME		
STREET ADDRESS	200 W FIRST ST	23 STREET ADDRESS		
CITY ST ZIP	SANFORD FL	24 CITY ST ZIP		
TITLE	D	31 TITLE		☐ Change ☐ Addition
NAME	KAMPF, CHARLES	32 NAME		
STREET ADDRESS	200 W. FIRST STREET	33 STREET ADDRESS		
CITY ST ZIP	SANFORD FL	34 CITY ST ZIP		
TITLE	STD	41 TITLE		☒ Change ☐ Addition
NAME	HEINLE, JOANN	42 NAME	DELETE THIS ENTRY.	
STREET ADDRESS	762 WILOUGHBY CT	43 STREET ADDRESS	HEINLE,JOANN	
CITY ST ZIP	WINTER SPRINGS FL	44 CITY ST ZIP		
TITLE	VP	51 TITLE		☐ Change ☐ Addition
NAME	WRIGHT, MARK	52 NAME		
STREET ADDRESS	2930 CHILTON ST	53 STREET ADDRESS		
CITY ST ZIP	DELTONA FL	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: Russell Heinle 04/27/95 (407)322-9484

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

0415681 FP