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 # 294858 (6)

1. Corporation Name

TAMIAMI ABSTRACT AND TITLE COMPANY

Principal Place of Business	Mailing Address
2199 RINGLING BLVD. P.O.BOX 610 SARASOTA FL 34230	2199 RINGLING BLVD. P.O.BOX 610 SARASOTA FL 34230

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 07/02/1965

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: 59-1098094 ☐ 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

SLOAN, F. LINTON, JR.
100 N TAMPA STREET
SUITE 2050
TAMPA FL 33602

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD	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	14 CITY ST ZIP	
TITLE	PD	21 TITLE	☐ Change ☐ Addition
NAME	ALPERT, JANET A.	22 NAME	
STREET ADDRESS	6630 W. BROAD ST.	23 STREET ADDRESS	
CITY ST ZIP	RICHMOND VA	24 CITY ST ZIP	
TITLE	VAS	31 TITLE	☐ Change ☐ Addition
NAME	NORRIS, VIRGINIA M.	32 NAME	DELETE VIRGINIA NORRIS
STREET ADDRESS	2199 RINGLING BLVD.	33 STREET ADDRESS	
CITY ST ZIP	SARASOTA FL	34 CITY ST ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	KEITH, CHARLES W	42 NAME	
STREET ADDRESS	6630 W. BROAD ST.	43 STREET ADDRESS	
CITY ST ZIP	RICHMOND VA	44 CITY ST ZIP	
TITLE	SD	51 TITLE	☐ Change ☐ Addition
NAME	JORDAN, RUSSELL W., III	52 NAME	
STREET ADDRESS	6630 W. BROAD ST.	53 STREET ADDRESS	
CITY ST ZIP	RICHMOND VA	54 CITY ST ZIP	
TITLE	TD	61 TITLE	☐ Change ☐ Addition
NAME	EVANS, G. WILLIAM	62 NAME	
STREET ADDRESS	6630 W. BROAD ST.	63 STREET ADDRESS	
CITY ST ZIP	RICHMOND VA	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 the 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 #

0454062 PP