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 28 PM 1:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 370710 (6)

1. Corporation Name
COASTAL BONDED TITLE CO. OF CLEARWATER

Principal Place of Business	Mailing Address
501 S FT. HARRISON AVE., SUITE 203 CLEARWATER FL 34616	501 S FT. HARRISON AVE., SUITE 203 CLEARWATER FL 34616

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 10/05/1970
3a. Date of Last Report: 05/11/1994

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: 59-1303678 ☐ 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

ROCHESTER, AUDREY R
6458 115TH LANE N
SEMINOLE FL 34642

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	DV	1.1 TITLE	☐ Change ☐ Addition
NAME	JORDAN, NANCY J.	1.2 NAME	
STREET ADDRESS	2015 EL CERITO COURT	1.3 STREET ADDRESS	
CITY-ST-ZIP	PUNTA GORDA FL	1.4 CITY-ST-ZIP	
TITLE	SD	2.1 TITLE	☐ Change ☐ Addition
NAME	LAYDEN, SUSAN J.	2.2 NAME	
STREET ADDRESS	13908 SEAFORTH MANOR WAY	2.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	2.4 CITY-ST-ZIP	
TITLE	PD	3.1 TITLE	☐ Change ☐ Addition
NAME	ROCHESTER, AUDREY R	3.2 NAME	
STREET ADDRESS	6458 115TH LANE N	3.3 STREET ADDRESS	
CITY-ST-ZIP	SEMINOLE, FL 0	3.4 CITY-ST-ZIP	
TITLE	TD	4.1 TITLE	☐ Change ☐ Addition
NAME	JOHNSON, MARY JANE	4.2 NAME	
STREET ADDRESS	13908 SEAFORTH MANOR WAY	4.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☒ Change ☐ Addition
NAME	OHR, FRANKLIN C	5.2 NAME	DELETE FRANKLIN C. OHR AS DIRECTOR
STREET ADDRESS	1260 SUTHERLAND COURT	5.3 STREET ADDRESS	
CITY-ST-ZIP	DUNEDIN FL	5.4 CITY-ST-ZIP	
TITLE*	D	6.1 TITLE	☒ Change ☐ Addition
NAME	ROCHESTER, ROBERT J	6.2 NAME	DELETE ROBERT J. ROCHESTER AS DIRECTOR
STREET ADDRESS	6458 - 115TH LANE, N.	6.3 STREET ADDRESS	
CITY-ST-ZIP	SEMINOLE FL	6.4 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: Audrey R. Rochester — 4/24/95 — 813-442-9671
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Audrey R. Rochester, President

0980014 CP