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 20 AM 9:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **375084** **(1)**

1. Corporation Name

STEWART TITLE OF ORANGE COUNTY, INC.

Principal Place of Business	Mailing Address
718 GARDEN PLAZA ORLANDO FL 32803	718 GARDEN PLAZA ORLANDO FL 32803

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **01/06/1971**

3a. Date of Last Report: **08/24/1994**

4. FEI Number: **59-1313425** ☐ 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

7. 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 / County 25	Zip 29 / County 30

9. Name and Address of Current Registered Agent

HICKMAN, HAROLD, % STEWART TITLE OF TMPA
3834 NEPTUNE STREET
TAMPA FL 33629

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable): 3401 W. Cypress, Suite 202

83

84 City: Tampa Florida **FL** 85 Zip Code: 33607

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	AVP	1.1 TITLE		☐ Change ☐ Addition
NAME	O'BRYAN, MARCIA	1.2 NAME		
STREET ADDRESS	718 GARDEN PLAZA	1.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, FL 00000	1.4 CITY-ST-ZIP		
TITLE	V	2.1 TITLE		☐ Change ☐ Addition
NAME	COOPER, GARY J.	2.2 NAME		
STREET ADDRESS	718 GARDEN PLAZA	2.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL	2.4 CITY-ST-ZIP		
TITLE	P	3.1 TITLE		☐ Change ☐ Addition
NAME	COBB, JOHN FLOYD	3.2 NAME		
STREET ADDRESS	718 GARDEN PLAZA	3.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, FL 00000	3.4 CITY-ST-ZIP		
TITLE	CD	4.1 TITLE		☑ Change ☐ Addition
NAME	HICKMAN, HAROLD	4.2 NAME		
STREET ADDRESS	3834 NEPTUNE ST.	4.3 STREET ADDRESS	3401 W. Cypress, Suite 202	
CITY-ST-ZIP	TAMPA FL	4.4 CITY-ST-ZIP	Tampa, FL 33607	
TITLE	ST	5.1 TITLE		☐ Change ☐ Addition
NAME	CORLEY, CHRISSY L.	5.2 NAME		
STREET ADDRESS	718 GARDEN PLAZA	5.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL	5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		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: Floyd Cobb FLOYD COBB 4/17/95 894-7831
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0004830 CP