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

DOCUMENT # **415123** **(9)**

1. Corporation Name

STEWART TITLE COMPANY OF SARASOTA, INC.

Principal Place of Business	Mailing Address
3530 WEBBER ST P.O.BOX 7877 SARASOTA FL 34239	3530 WEBBER ST P.O.BOX 7877 SARASOTA FL 34239

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 12/21/1972
3a. Date of Last Report: 04/14/1994
4. FEI Number: 59-1434348 ☐ 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 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

HICKMAN, HAROLD E.
3401 W. CYPRESS #101
TAMPA FL 33607

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	P	1.1 TITLE		☐ Change ☐ Addition
NAME	TUCKER, THOMAS M.	1.2 NAME		
STREET ADDRESS	5120 ESTATES CIRCLE	1.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL	1.4 CITY-ST-ZIP		
TITLE	D	2.1 TITLE		☐ Change ☐ Addition
NAME	HUSSEY, KEVIN M.	2.2 NAME		
STREET ADDRESS	4134 CENTRAL AVE	2.3 STREET ADDRESS		
CITY-ST-ZIP	ST PETERSBURG FL	2.4 CITY-ST-ZIP		
TITLE	D	3.1 TITLE	D	☒ Change ☐ Addition
NAME	KNAPP, MAITLAND F.	3.2 NAME	Knapp, Maitland F.	
STREET ADDRESS	16114 5TH ST EAST	3.3 STREET ADDRESS	13670 Lakepointe Lane	
CITY-ST-ZIP	REDINGTON BCH FL	3.4 CITY-ST-ZIP	Clearwater, FL	
TITLE	D	4.1 TITLE		☐ Change ☐ Addition
NAME	O'CONNEL, PHILIP J.	4.2 NAME		
STREET ADDRESS	521 HAVEN PT ROAD	4.3 STREET ADDRESS		
CITY-ST-ZIP	TREASURE ISLAND FL	4.4 CITY-ST-ZIP		
TITLE	D	5.1 TITLE		☐ Change ☐ Addition
NAME	REAVES, VIRGINIA	5.2 NAME		
STREET ADDRESS	2401 ARDSON PLACE 403B	5.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL	5.4 CITY-ST-ZIP		
TITLE	D	6.1 TITLE		☐ Change ☐ Addition
NAME	MOHLER, EUGENE A.	6.2 NAME		
STREET ADDRESS	3035 COUNTRYSIDE BLVD. #17B	6.3 STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER 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 added in an attachment with an address.

SIGNATURE: Kevin M. Hussey 04-20-95 813-327-5775
SIGNATURE AND TITLE OF PRESIDENT, SECRETARY, OFFICER OR DIRECTOR — Date — Daytime Phone #

0944918 CP