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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN -1 PM 2:12

DOCUMENT # **492790** **(1)**

1. Corporation Name
FLAGLER TITLE COMPANY

Principal Place of Business	Mailing Address
1897 PALM BEACH LAKES BLVD., #125 P.O. BOX 1396 WEST PALM BEACH FL 33409	1897 PALM BEACH LAKES BLVD., #125 P.O. BOX 1396 WEST PALM BEACH FL 33409

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **12/18/1975**
3a. Date of Last Report: **05/01/1994**

2. Principal Place of Business — 21
2a. Mailing Address — 26
4. FEI Number: **59-1639114** ☐ Applied For ☐ Not Applicable

Suite, Apt. #, etc — 22 / 27
5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

City & State — 23 / 28
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

Zip — 24 / 29 — Country — 25 / 30
8. *This corporation has liability for intangible tax under S. 199.032, Florida Statutes* ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

GAMBLIN, ROGER
1897 PALM BEACH LAKES BLVD., SUITE 125
W. PALM BEACH FL 33409

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	PTD	11 TITLE		☐ Change ☐ Addition
NAME	GAMBLIN, ROGER	12 NAME		
STREET ADDRESS	1897 PALM BEACH LAKE 125	13 STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BCH, FL 00000	14 CITY-ST-ZIP		
TITLE	D	21 TITLE		☐ Change ☐ Addition
NAME	LASSITER, W.G., JR.	22 NAME		
STREET ADDRESS	501 S FLAGLER DRIVE	23 STREET ADDRESS		
CITY ST ZIP	WEST PALM BEACH, FL00000	24 CITY-ST-ZIP		
TITLE	VSD	31 TITLE		☐ Change ☐ Addition
NAME	BIERCE, EDWARD	32 NAME		
STREET ADDRESS	1897 PALM BEACH LAKE 125	33 STREET ADDRESS		
CITY ST ZIP	WEST PALM BCH, FL 00000	34 CITY ST ZIP		
TITLE	D	41 TITLE		☐ Change ☐ Addition
NAME	BYRD, LARRY	42 NAME		
STREET ADDRESS	5070 N. OCEAN DRIVE 14-C	43 STREET ADDRESS		
CITY ST ZIP	RIVIERA BEACH FL	44 CITY ST ZIP		
TITLE	V	51 TITLE		☐ Change ☐ Addition
NAME	BREITWIESER, JOHN	52 NAME		
STREET ADDRESS	1897 PALM BEACH LAKE 125	53 STREET ADDRESS		
CITY ST ZIP	WEST PALM BCH 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: Roger Gamblin 05/23/95 407-686-7611
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL — Date — Daytime Phone #

0249161 CP