

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 MAR -6 AM 9:14

DOCUMENT # 505309

(5)

1. Corporation Name

NORTHEAST FLA. LAND & TITLE COMPANY

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

18 NORTH FIFTH ST.
P.O. BOX 946
MACCLENNY FL 32063

Mailing Address

18 NORTH FIFTH ST.
P.O. BOX 946
MACCLENNY FL 32063

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

06/16/1976

3a. Date of Last Report

02/28/1994

4. FEI Number

59-1673651

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

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GALLUPS, JUDITH A.
18 NORTH FIFTH ST.
MACCLENNY, FL
32063

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

(Signature of registered agent or both, name of registered agent, and the corporation)

(NOTE: Registered Agent signature required when terminating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DP
NAME	KIRKLAND, GRANVEL S
STREET ADDRESS	ONE MACCLENNY AVENUE
CITY, ST, ZIP	MACCLENNY, FL 00000
TITLE	DS
NAME	KIRKLAND, MARGARET A.
STREET ADDRESS	18 NORTH FIFTH ST
CITY, ST, ZIP	MACCLENNY, FL 00000
TITLE	DVP
NAME	FURR, CARMEAN T
STREET ADDRESS	18 NORTH FIFTH ST
CITY, ST, ZIP	MACCLENNY, FL 00000
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY, ST, ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY, ST, ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY, ST, ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY, ST, ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY, ST, ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY, ST, ZIP	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.02(3)(b), Florida Statutes. I further certify that the information is set forth in the annual report or supplementary annual report in true and accurate and that the 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 on the filing of this report, or on an affidavit filed with an affidavit.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED AGENT OR DIRECTOR

Granvel S. Kirkland-2/29/94 (904)259-2051