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 APR 10 PM 2:43

DOCUMENT # **590481** **(8)**

1. Corporation Name
GULF WEST TITLE CO.

Principal Place of Business	Mailing Address
1012 SQUAW VALLEY CT. P.O. BOX 684 VENICE FL 34293-1335	1012 SQUAW VALLEY CT. P.O. BOX 684 VENICE FL 34293-1335

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 10/19/1978
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business
21 Suite, Apt. #, etc.: 435 Tremingham Way
22 City & State: Venice, Fl. 34293
23 Zip / Country:

2a. Mailing Address
26 Suite, Apt. #, etc.: P.O. Box 684
27 City & State: Venice, Fl. 34284-0684
28 Zip / Country:

4. FEI Number: 59-2021412 ☐ 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

SAHROW, KATHLEEN D.
1012 SQUAW VALLEY CT.
VENICE FL 34293

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83 435 Tremingham Way
Venice, Fl. 34293
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	PSD	1.1 TITLE	☐ Change ☐ Addition
NAME	SAHROW, THOMAS H.	1.2 NAME	
STREET ADDRESS	1012 SQUAW VALLEY CT.	1.3 STREET ADDRESS	
CITY-ST-ZIP	VENICE FL	1.4 CITY-ST-ZIP	435 Tremingham Way Venice, Fl.
TITLE	TD	2.1 TITLE	☐ Change ☐ Addition
NAME	SAHROW, KATHLEEN D.	2.2 NAME	
STREET ADDRESS	1012 SQUAW VALLEY CT	2.3 STREET ADDRESS	435 Tremingham Way
CITY-ST-ZIP	VENICE FL	2.4 CITY-ST-ZIP	Venice, Fl.
TITLE	VD	3.1 TITLE	☐ Change ☐ Addition
NAME	SAHROW, MARY D. XXXXXXXXXXXX	3.2 NAME	
STREET ADDRESS	1012 SQUAW VALLEY CT XXXXXXXXXXXXXXX	3.3 STREET ADDRESS	
CITY-ST-ZIP	VENICE FL XXXXXX	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		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: _____ 4/4/95 941-758-9288
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #