FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT
1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 628243 (8)

1. Corporation Name

FIRST AMERICAN TITLE COMPANY OF ST. LUCIE COUNTY , INC.

Principal Place of Business	Mailing Address
201 SW PT ST LUCIE BLVD #205 PORT ST. LUCIE FL 34984	201 SW PT ST LUCIE BLVD #205 PORT ST. LUCIE FL 34984

3. Date Incorporated or Qualified: 07/02/1979
3a. Date of Last Report: 07/21/1995
4. FEI Number: 59-1927257 — Applied For / Not Applicable

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 Country — 30

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

RICKS, ALEX J. ~~E~~
~~200 W FORSYTH ST~~
255 N. LIBERTY STREET
JACKSONVILLE FL 32202

10. Name and Address of New Registered Agent

81 Name: Ricks, Alex J.
82 Street Address (P.O. Box Number is Not Acceptable): 255 N. Liberty Street
83
84 City: Jacksonville FL 85 Zip Code: 32202

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: Alex J. Ricks — 6/4/96
Signature, typed or printed name of registered agent and title if applicable — In the Registered Agent's signature required when reinstating — DATE

12. OFFICERS AND DIRECTORS

TITLE	D	☐ DELETE
NAME	CASBON, JOHN N.	
STREET ADDRESS	510 BIENVILLE	
CITY-ST-ZIP	NEW ORLEANS LA	
TITLE	D	☐ DELETE
NAME	CONWAY, MICHAEL W.	
STREET ADDRESS	2807 REMINTON GREEN CIR	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	PD	☐ DELETE
NAME	PARUPIA, ARIF M H	
STREET ADDRESS	2014 ELMHURST	
CITY-ST-ZIP	PORT ST LUCIE FL	
TITLE	S	☐ DELETE
NAME	RICKS, ALEX J	
STREET ADDRESS	~~2807 REMINGTON GREEN CIRCLE~~	
CITY-ST-ZIP	~~TALLAHASSEE FL~~	
TITLE	V	☐ DELETE
NAME	DUKE, DEBRA A.	
STREET ADDRESS	1901 SW DORADO LA.	
CITY-ST-ZIP	PORT ST. LUCIE FL	
TITLE	AS	☐ DELETE
NAME	PARUPIA, CYNTHIA A.	
STREET ADDRESS	2014 ELMHURST	
CITY-ST-ZIP	PORT ST LUCIE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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	Secretary	☒ Change ☐ Addition
4.2 NAME	RICKS, ALEX J.	
4.3 STREET ADDRESS	255 N. LIBERTY STREET	
4.4 CITY-ST-ZIP	JACKSONVILLE, FL 32202	
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		

CR2E034 (12/95)

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)(k), 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: [signature] — 2/15/96 — (407) 878-8700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
ARIF M PARUPIA