

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 18 PM 6:00

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # 631218 (5)
1. Corporation Name
NORTH AMERICAN TITLE INSURANCE AGENCY, INC.

Principal Place of Business Mailing Address
11595 KELLY ROAD 11595 KELLY ROAD
FT. MYERS FL 33908 FT. MYERS FL 33908

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **07/30/1979** 3a. Date of Last Report **04/28/1994**

4. FEI Number **59-1838004** 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. 199.03?
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 25 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SPINELLI, VAL
1423 SE 18TH ST
CAPE CORAL FL 33990**

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD**
NAME **SPINELLI, VAL**
STREET ADDRESS **1423 SE 18TH ST**
CITY, ST, ZIP **CAPE CORAL FL**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY, ST, ZIP

TITLE **VTD**
NAME **GARNER, TERESA**
STREET ADDRESS **7233 MAIDA LANE 4C**
CITY, ST, ZIP **FT. MYERS FL**

2.1 TITLE **V/S/T/D** ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY, ST, ZIP

TITLE **VD**
NAME **WILKINSON, WILLIAM**
STREET ADDRESS **2358 MORENO AVENUE**
CITY, ST, ZIP **FT. MYERS FL**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY, ST, ZIP

TITLE **VSD**
NAME **MOSIER, LUNDA**
STREET ADDRESS **2136 STEVENSON ROAD**
CITY, ST, ZIP **N. FT. MYERS FL**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME **Delete from list**
4.3 STREET ADDRESS
4.4 CITY, ST, ZIP

TITLE **VD**
NAME **SPINELLI, ROBERT J**
STREET ADDRESS **1423 SE 18TH ST.**
CITY, ST, ZIP **CAPE CORAL FL**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY, ST, ZIP

TITLE **VD**
NAME **HABIG, ANGELIQUE J**
STREET ADDRESS **2307 HUNTER ST.**
CITY, ST, ZIP **FORT MYERS FL**

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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 110.07(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: *Teresa Garner* **Teresa Garner, VP**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-13-95 813 454 1400
DATE