SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # **631218** **(5)**

1. Corporation Name
NORTH AMERICAN TITLE INSURANCE AGENCY, INC.

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

Mailing Address
11595 KELLY ROAD
FT. MYERS FL 33908

3. Date Incorporated or Qualified: **07/30/1979**
3a. Date of Last Report: **04/18/1995**

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)

4. FEI Number: **59-1938004** — 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
SPINELLI, VAL
~~**1423 SE 18TH ST**~~ 7961 Gladiolus Dr. #503
~~**CAPE CORAL FL 33990**~~ Ft Myers Fl 33908

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: Val Spinelli — DATE: 6-13-96
Signature, typed or printed name of registered agent and the capacity (NOTE: Registered Agent signature required when resigning)

12. OFFICERS AND DIRECTORS

TITLE	PD	☐ DELETE
NAME	SPINELLI, VAL	
STREET ADDRESS	~~1423 SE 18TH ST~~	
CITY-ST-ZIP	~~CAPE CORAL FL~~	
TITLE	VSTD	☒ DELETE
NAME	GARNER, TERESA	
STREET ADDRESS	7233 MAIDA LANE 4C	
CITY-ST-ZIP	FT. MYERS FL	
TITLE	VD	☐ DELETE
NAME	WILKINSON, WILLIAM	
STREET ADDRESS	2358 MORENO AVENUE	
CITY-ST-ZIP	FT. MYERS FL	
TITLE	VD	☒ DELETE
NAME	SPINELLI, ROBERT J	
STREET ADDRESS	1423 SE 18TH ST.	
CITY-ST-ZIP	CAPE CORAL FL	
TITLE	VD	☐ DELETE
NAME	HABIG, ANGELIQUE J	
STREET ADDRESS	2307 HUNTER ST.	
CITY-ST-ZIP	FORT MYERS FL	
TITLE	~~S/T~~	☐ DELETE
NAME	~~WILKINSON, BETSY L.~~	
STREET ADDRESS	~~2358 Moreno Ave~~	
CITY-ST-ZIP	~~Ft Myers Fl 33901~~	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☒ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS	7961 Gladiolus Dr. #503	
1.4 CITY-ST-ZIP	Ft Myers Fl 33908	
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	S/T	☐ Change ☒ Addition
6.2 NAME	WILKINSON, BETSY L.	
6.3 STREET ADDRESS	2358 Moreno Ave	
6.4 CITY-ST-ZIP	Ft Myers Fl 33901	

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Val Spinelli — DATE: 6-13-96 — Daytime Phone #: 941-454-1600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/96)

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