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Mar 13 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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	Mailing Address
11595 KELLY ROAD FT. MYERS FL 33908	11595 KELLY ROAD FT. MYERS FL 33908-2539

3. Date Incorporated or Qualified: 07/30/1979
3a. Date of Last Report: 07/30/1996

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
7961 GLADIOLUS DRIVE, #503
FT. MYERS FL 33908

10. Name and Address of New Registered Agent

81 Name: Litchfield, Val
82 Street Address (P.O. Box Number is Not Acceptable): 11595 Kelly Road, Suite 322
83
84 City: Fort Myers, FL 85 Zip Code: 33908

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] Val Litchfield — DATE: February 28, 1997
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		DELETE	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
TITLE	PD	☐	1.1 TITLE	P/D	☒	☐
NAME	SPINELLI, VAL		1.2 NAME	Litchfield, Val		
STREET ADDRESS	7961 GLADIOLUS DRIVE, #503		1.3 STREET ADDRESS	5117 Estero Blvd		
CITY-ST-ZIP	FT. MYERS FL		1.4 CITY-ST-ZIP	Fort Myers, FL 33931		
TITLE	~~VD~~	☒	2.1 TITLE	V/D	☐	☒
NAME	WILKINSON, WILLIAM		2.2 NAME	Litchfield, Lincoln		
STREET ADDRESS	2358 MORENO AVENUE		2.3 STREET ADDRESS	5117 Estero Blvd		
CITY-ST-ZIP	FT. MYERS FL		2.4 CITY-ST-ZIP	Fort Myers, FL 33931		
TITLE	VD	☐	3.1 TITLE		☐	☐
NAME	HABIG, ANGELIQUE J		3.2 NAME			
STREET ADDRESS	2307 HUNTER ST.		3.3 STREET ADDRESS			
CITY-ST-ZIP	FORT MYERS FL		3.4 CITY-ST-ZIP			
TITLE	ST	☐	4.1 TITLE		☐	☐
NAME	WILKINSON, BETSY L.		4.2 NAME			
STREET ADDRESS	2358 MORENO AVENUE		4.3 STREET ADDRESS			
CITY-ST-ZIP	FT. MYERS FL		4.4 CITY-ST-ZIP			
TITLE		☐	5.1 TITLE	V/D	☐	☒
NAME			5.2 NAME	Thomas, Barbara L.		
STREET ADDRESS			5.3 STREET ADDRESS	4390 Foremast Court, #1A		
CITY-ST-ZIP			5.4 CITY-ST-ZIP	Fort Myers, FL 33919		
TITLE		☐	6.1 TITLE	D	☐	☒
NAME			6.2 NAME	Wilkinson, William		
STREET ADDRESS			6.3 STREET ADDRESS	2358 Moreno Avenue		
CITY-ST-ZIP			6.4 CITY-ST-ZIP	Fort Myers, FL 33901		

CR2E034 (9/96)

14. I do hereby certify that the information supplied with this filing 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: [signature] Val Litchfield — February 28, 1997 — (941) 454-1600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #