

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 26 AM 7:17

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # 632200 (2)
1. Corporation Name
FIRST AMERICAN TITLE COMPANY OF FLORIDA, INC.

Principal Place of Business
**2807 REMINGTON GREEN CIRCLE
TALLAHASSEE FL 32308
US**

Mailing Address
**2807 REMINGTON GREEN CIRCLE
TALLAHASSEE FL 32308
US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 08/07/1979	3a. Date of Last Report 07/13/1994
4. FEI Number 59-2667930	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	

2. Principal Place of Business 21	2a. Mailing Address 26 2807 Remington Green
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

9. Name and Address of Current Registered Agent

**CONWAY, MICHAEL
2807 REMINGTON GREEN CIRCLE
TALLAHASSEE FL 32308**

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

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

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	CASBON, JOHN N
STREET ADDRESS	237 LAFAYETTE ST., #200
CITY - ST - ZIP	NEW ORLEANS LA
TITLE	PD
NAME	CONWAY, MICHAEL
STREET ADDRESS	2807 REMINGTON GREEN CR.
CITY - ST - ZIP	TALLAHASSEE FL
TITLE	VSD
NAME	JANNEN, KENNETH R
STREET ADDRESS	8800 N.W. 18TH ST., #4
CITY - ST - ZIP	PLANTATION FL
TITLE	AS
NAME	ZEGLER, BILLYE H
STREET ADDRESS	2807 REMINGTON GREEN CIRCLE
CITY - ST - ZIP	TALLAHASSEE FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	JOHN N. CASBON	☒ Change ☐ Addition
1.2 NAME	510 Bienville Street	
1.3 STREET ADDRESS	New Orleans, LA	
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		☒ Change ☐ Addition
4.2 NAME	2807 Remington Green Circle	
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		☐ 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 119.07(3)(4), Florida Statutes. I further certify that the information indicated on this annual report or supplementary 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 in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature Number

1-9-94