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2-7-95 P-945-C

CORPORATION
ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -7 PM 3:07

DOCUMENT # 643663 (8)

1. Corporation Name
BUSHNELL TITLE SERVICES, INC.

Principal Place of Business	Mailing Address
120 BUSHNELL PLAZA BUSHNELL FL 33513	120 BUSHNELL PLAZA BUSHNELL FL 33513

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 11/01/1979
3a. Date of Last Report: 04/22/1994

2. Principal Place of Business (21)
2a. Mailing Address (20)
Suite, Apt. #, etc. (22)
Suite, Apt. #, etc. (27)
City & State (23)
City & State (28)
Zip (24) Country (25)
Zip (29) Country (30)

4. FEI Number: 59-1950337 ☐ 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

SUMNER, ROBERT D.
106 S SIXTH ST
DADE CITY FL 33525

10. Name and Address of New Registered Agent

81 Name: Same
82 Street Address (P.O. Box Number is Not Acceptable): 14150 - 6th Street
83:
84 City: Same FL 85 Zip Code: Same

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: Robert D. Sumner — Robert D. Sumner — January 25, 1995
Signature, typed or printed name of Registered Agent and title if applicable — (NOTE: Registered Agent signature required when reinstating) — DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	Same	☒ Change ☐ Addition
NAME	SUMNER, ROBERT D.	1.2 NAME	Same	
STREET ADDRESS	106 S SIXTH ST	1.3 STREET ADDRESS	14150 - 6th Street	
CITY-ST-ZIP	DADE CITY FL	1.4 CITY-ST-ZIP	Same	
TITLE	V	2.1 TITLE		☐ Change ☐ Addition
NAME	O'BERRY, JANIS	2.2 NAME		
STREET ADDRESS	120 BUSHNELL PLZ	2.3 STREET ADDRESS		
CITY-ST-ZIP	BUSHNELL FL	2.4 CITY-ST-ZIP		
TITLE	ST	3.1 TITLE	Same	☒ Change ☐ Addition
NAME	CLARK, ELIZABETH	3.2 NAME	Same	
STREET ADDRESS	106 S SIXTH ST	3.3 STREET ADDRESS	14150 - 6th Street	
CITY-ST-ZIP	DADE CITY FL	3.4 CITY-ST-ZIP	Same	
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		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)(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: Robert D. Sumner — Robert D. Sumner — January 25, 1995
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0266215 CP