FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

4-27-95

B-47036

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

APPROVED AND FILED

95 APR 27 PM 12:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 810531 (4)

1. Corporation Name

MID SOUTH TITLE INSURANCE CORPORATION

Principal Place of Business	Mailing Address
ONE COMMERCE SQUARE 12TH FLOOR P. O. BOX 432 (38101) MEMPHIS TN 38103	ONE COMMERCE SQUARE 12TH FLOOR P. O. BOX 432 (38101) MEMPHIS TN 38103

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/15/1955

3a. Date of Last Report: 05/01/1994

2. Principal Place of Business — 21

2a. Mailing Address — 26

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: 62-0167455 ☐ 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

TAMIAMI ABSTRACT & TITLE CO.
2199 RINGLING
SARASOTA FL 33577

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 _____ DATE

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when mandatory)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	GRIFFIN, THOMAS A., JR.	12 NAME	
STREET ADDRESS	1200 ONE COMMERCE SQUARE	13 STREET ADDRESS	
CITY ST ZIP	MEMPHIS TN	14 CITY ST ZIP	
TITLE	S	21 TITLE	☐ Change ☐ Addition
NAME	CARTER, JOHN, M	22 NAME	
STREET ADDRESS	6630 W BROAD ST	23 STREET ADDRESS	
CITY ST ZIP	RICHMOND VA	24 CITY ST ZIP	
TITLE	CD	31 TITLE	☐ Change ☐ Addition
NAME	BOREN, JAMES L JR	32 NAME	
STREET ADDRESS	1200 ONE COMMERCE SQUARE	33 STREET ADDRESS	
CITY ST ZIP	MEMPHIS TN	34 CITY ST ZIP	
TITLE	V	41 TITLE	☐ Change ☐ Addition
NAME	GIVENS, NEIL H.	42 NAME	
STREET ADDRESS	6363 POPLAR AVE #108	43 STREET ADDRESS	
CITY ST ZIP	MEMPHIS TN	44 CITY ST ZIP	
TITLE	T	51 TITLE	☐ Change ☐ Addition
NAME	EVANS, G. WILLIAM	52 NAME	
STREET ADDRESS	6630 W. BROAD ST.	53 STREET ADDRESS	
CITY ST ZIP	RICHMOND VA	54 CITY ST ZIP	
TITLE	V	61 TITLE	☐ Change ☐ Addition
NAME	GATTEN GARY L.	62 NAME	
STREET ADDRESS	1200 ONE COMMERCE SQUARE	63 STREET ADDRESS	
CITY ST ZIP	MEMPHIS TN	64 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: JOHN M. CARTER 4/11/95 804-281-6700

SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0477002 FP