FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 APR 17 PM 12:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **851243** **(6)**

1. Corporation Name
THE GUARANTEE TITLE AND TRUST COMPANY

Principal Place of Business	Mailing Address
4445 LAKE FOREST DR. SUITE 400 CINCINNATI OH 45242	4445 LAKE FOREST DR. SUITE 400 CINCINNATI OH 45242

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **12/09/1981**
3a. Date of Last Report: **04/27/1994**

2. Principal Place of Business — 21
2a. Mailing Address — 26
4. FEI Number: **31-4196950** ☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. — 22
Suite, Apt. #, etc. — 27
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
City & State — 23
City & State — 28
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
Zip — 24 Country — 25
Zip — 29 Country — 30
8. *This corporation has liability for intangible tax under S. 199.032,* Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

BURKS, PAUL E.
325 BELCHER ROAD, N.
CLEARWATER FL 34625

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 reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD	1.1 TITLE	☐ Change ☐ Addition
NAME	MONGAN, THOMAS H.	1.2 NAME	
STREET ADDRESS	4445 LAKE FOREST DR.	1.3 STREET ADDRESS	
CITY-ST-ZIP	CINCINNATI OH	1.4 CITY-ST-ZIP	
TITLE	VSD	2.1 TITLE	VT. ☑ Change ☐ Addition
NAME	MONGAN, ANNETTE R.	2.2 NAME	Dries, William J.
STREET ADDRESS	4445 LAKE FOREST DR.	2.3 STREET ADDRESS	4445 Lake Forest Dr. #400
CITY-ST-ZIP	CINCINNATI OH	2.4 CITY-ST-ZIP	Cincinnati, OH 45242
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	HOGAN, JON P.	3.2 NAME	
STREET ADDRESS	4445 LAKE FOREST DR.	3.3 STREET ADDRESS	
CITY-ST-ZIP	CINCINNATI OH	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	COOK, WILLIAM C.	4.2 NAME	
STREET ADDRESS	223 E. TOWN STREET	4.3 STREET ADDRESS	
CITY-ST-ZIP	COLUMBUS OH	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	LAVELLE, CHARLES	5.2 NAME	
STREET ADDRESS	3752 ST. JOHNS'S TERR	5.3 STREET ADDRESS	
CITY-ST-ZIP	CINCINNATI OH	5.4 CITY-ST-ZIP	
TITLE	VPD	6.1 TITLE	VSD ☑ Change ☐ Addition
NAME	BANKER, DAVID C.	6.2 NAME	
STREET ADDRESS	4445 LAKE FOREST DRIVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	CINCINNATI OH 45242	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: _____ 2/13/95 (513) 367-8810
SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER — Date — (Daytime Phone #)
William J. Dries

0400685 FP