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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT **1995**

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

DOCUMENT # **F64852** **(9)**

1. Corporation Name

FLORIDA TITLE AND GUARANTY COMPANY OF PINELLAS C OUNTY

Principal Place of Business	Mailing Address
2958 1ST AVE. NO. ST. PETERSBURG FL 33713	2958 1ST AVE. NO. ST. PETERSBURG FL 33713

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **01/27/1982**

3a. Date of Last Report: **02/25/1994**

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: **59-2157965** ☐ 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

RILEY, JOHN L
2325 FIFTH AVENUE NORTH,
ST. PETERSBURG FL 33713

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 reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PC	11 TITLE	D C ☒ Change ☐ Addition
NAME	GREGG, THOMAS M	12 NAME	Gregg, Thomas M.
STREET ADDRESS	11444 74TH AVE N	13 STREET ADDRESS	11444 74th Ave. N
CITY-ST-ZIP	SEMINOLE FL	14 CITY-ST-ZIP	Seminole, FL
TITLE	V	21 TITLE	P ☐ Change ☐ Addition XX
NAME	BESSELLIEU, JAN	22 NAME	Mark H. Gregg
STREET ADDRESS	5874-27TH TERR N.	23 STREET ADDRESS	2958 First Av. N.
CITY-ST-ZIP	ST. PETERSBURG FL	24 CITY-ST-ZIP	St. Petersburg, FL
TITLE	ST	31 TITLE	V ☐ Change ☐ Addition XXX
NAME	RADER, JUDITH A	32 NAME	Joanne P. Decker
STREET ADDRESS	5040 86TH AVE N	33 STREET ADDRESS	479 Haven Point Drive
CITY-ST-ZIP	PINELLAS PK, FL 00000	34 CITY-ST-ZIP	Treasure Island, FL
TITLE	V	41 TITLE	☐ Change ☐ Addition
NAME	MULLINIX, BARBARA A.	42 NAME	
STREET ADDRESS	9839-53RD AVE N.	43 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL	44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		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)(k), 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: _____ Judith A. Rader Sect.Tres. 4/21/95 813 327-1000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Daytime Phone #)

0308888 CP