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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 28 PM 3:14

DOCUMENT # **F93000004130 (1)**

1. Corporation Name
PRO TITLE, INC.

Principal Place of Business	Mailing Address
POST OFFICE BOX 14147 ATLANTA GA 30324	POST OFFICE BOX 14147 ATLANTA GA 30324

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
09/10/1993	05/17/1994

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21 2444 Hwy. 120	26 P. O. Box 2108	58-1799258	Not Applicable
Suite, Apt. #, etc. 22 Suite 105	Suite, Apt. #, etc. 27	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
City & State 23 Duluth, GA	City & State 28 Duluth, GA	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
Zip / Country 24 30136 / 25 USA	Zip / Country 29 30136-8448 / 30 USA	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
RANSON, ARTHUR J III 340 N. ORANGE AVE. ORLANDO FL 32802	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
(Typed or printed name of Registered Agent and title if applicable) (NOTE: Registered Agent signature required when mandated)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DCP	11 TITLE		☒ Change ☐ Addition
NAME	MCCAULEY, RICHARD	12 NAME		
STREET ADDRESS	2 LENOX POINTE	13 STREET ADDRESS	2444 Hwy. 120, Suite 105	
CITY ST ZIP	ATLANTA GA 30324	14 CITY ST ZIP	Duluth, GA 30136	
TITLE	S	21 TITLE		☒ Change ☐ Addition
NAME	MCCAULEY, KAY	22 NAME		
STREET ADDRESS	2 LENOX POINTE	23 STREET ADDRESS	2444 Hwy. 120, Suite 105	
CITY ST ZIP	ATLANTA GA 30324	24 CITY ST ZIP	Duluth, GA 30136	
TITLE		31 TITLE		☐ Change ☐ Addition
NAME		32 NAME		
STREET ADDRESS		33 STREET ADDRESS		
CITY ST ZIP		34 CITY ST ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY ST ZIP		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)(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: Kay McCauley — Kay McCauley — 3-21-95 — (404)476-4042
(Signature and typed or printed name of signing officer or director) (Date) (Daytime Phone #)

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