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 27 PM 12:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F94000003555 (9)**

1. Corporation Name

LAWYERS TITLE ENVIRONMENTAL INSURANCE SERVICE AGENCY, INC.

Principal Place of Business	Mailing Address
P.O. BOX 27567 RICHMOND VA 23261	P.O. BOX 27567 RICHMOND VA 23261

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 07/07/1994
3a. Date of Last Report:

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: 54-1706035 ☐ 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

SLOAN JR, F. LINTON
100 N. TAMPA STREET, STE 2050
TAMPA FL 33620-2050

10. Name and Address of New Registered Agent

01 Name
02 Street Address (P.O. Box Number is Not Acceptable)
03
04 City **FL** 05 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, type or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstated) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CD	11 TITLE	DIRECTOR	☒ Change ☐ Addition
NAME	ALPERT, JANET A	12 NAME	ALPERT, JANET A.	
STREET ADDRESS	6630 W BROAD STREET	13 STREET ADDRESS		
CITY-ST-ZIP	RICHMOND VA	14 CITY-ST-ZIP		
TITLE	VD	21 TITLE		☐ Change ☐ Addition
NAME	GOODWYN JR, WILLIAM H	22 NAME		
STREET ADDRESS	6630 W BROAD STREET	23 STREET ADDRESS		
CITY-ST-ZIP	RICHMOND VA	24 CITY-ST-ZIP		
TITLE	PD	31 TITLE		☐ Change ☐ Addition
NAME	VAUGHAN, JEFFREY D	32 NAME		
STREET ADDRESS	6630 W BROAD STREET	33 STREET ADDRESS		
CITY-ST-ZIP	RICHMOND VA	34 CITY-ST-ZIP		
TITLE	S	41 TITLE		☐ Change ☐ Addition
NAME	CARTER, JOHN M	42 NAME		
STREET ADDRESS	6630 W BROAD STREET	43 STREET ADDRESS		
CITY-ST-ZIP	RICHMOND VA	44 CITY-ST-ZIP		
TITLE	T	51 TITLE		☐ Change ☐ Addition
NAME	EVANS, G W	52 NAME		
STREET ADDRESS	6630 W BROAD STREET	53 STREET ADDRESS		
CITY-ST-ZIP	RICHMOND VA	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 the 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 SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0002740 CP