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 MAY 11 AM 8:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **G28351** **(6)**

1. Corporate Name
VOLUSIA TITLE SERVICES, INC.

Principal Place of Business	Mailing Address
109 W.RICH AVE. DELAND FL 32720	109 W.RICH AVE. DELAND FL 32720

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
03/15/1983	04/20/1994

2. Principal Place of Business 21	2a. Mailing Address 26
State, Apt. # or etc. 22	State, Apt. # or etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

4. FEI Number
59-2268570
☐ 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 been assigned by the appropriate agency under S. 119.07(3)(i), Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
WHALEN, G. DONALD **250 NORTH CRANOR AVENUE** **DELAND FL**	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 607.1007 and 607.1008, 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(S)
(Typed or printed name of person signing) (If agent, Registered Agent's signature required) (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1 Title	PC	1 Title	☐ Change ☐ Addition
1 Name	WHALEN, G. DONALD	1 Name	
1 Street Address	250 N. CRANOR AVE.	1 Street Address	
1 City-St-Zip	DELAND FL	1 City-St-Zip	
2 Title	ST	2 Title	☐ Change ☐ Addition
2 Name	WHALEN, LESLIE P.	2 Name	
2 Street Address	250 N. CRANOR AVE.	2 Street Address	
2 City-St-Zip	DELAND FL	2 City-St-Zip	
3 Title		3 Title	☐ Change ☐ Addition
3 Name		3 Name	
3 Street Address		3 Street Address	
3 City-St-Zip		3 City-St-Zip	
4 Title		4 Title	☐ Change ☐ Addition
4 Name		4 Name	
4 Street Address		4 Street Address	
4 City-St-Zip		4 City-St-Zip	
5 Title		5 Title	☐ Change ☐ Addition
5 Name		5 Name	
5 Street Address		5 Street Address	
5 City-St-Zip		5 City-St-Zip	
6 Title		6 Title	☐ Change ☐ Addition
6 Name		6 Name	
6 Street Address		6 Street Address	
6 City-St-Zip		6 City-St-Zip	

14. To the best of my knowledge, the information supplied with this filing is complete and accurate. I am executing this document in accordance with Section 607.0120(7), 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 above or on an attachment with an address.

SIGNATURE: Leslie G. Whalen — 5-10-95 — 738-0041
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0000400 CP