FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # **G47421** **(4)**

1. Corporation Name
PROFESSIONAL LAND TITLE SERVICES, INC.

Principal Place of Business	Mailing Address
% WILLIAM G. NOE. JR. 599 ATLANTIC BLVD. ATLANTIC BEACH FL 32233	% WILLIAM G. NOE. JR. 599 ATLANTIC BLVD. ATLANTIC BEACH FL 32233

3. Date Incorporated or Qualified	3a. Date of Last Report
07/06/1983	04/06/1995

4. FEI Number: 59-2327926 ☐ 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

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

9. Name and Address of Current Registered Agent

NOE, WILLIAM G. JR.
599 ATLANTIC BLVD.
ATLANTIC BEACH FL 32233

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 ________

12. OFFICERS AND DIRECTORS

TITLE	PD	☐ DELETE
NAME	CLAXTON, JOHN CHARLES	
STREET ADDRESS	599 ATLANTIC BLVD.	
CITY-ST-ZIP	ATLANTIC BCH. FL	
TITLE	VD	☐ DELETE
NAME	HARTLE, MARK Q.	
STREET ADDRESS	599 ATLANTIC BLVD.	
CITY-ST-ZIP	ATLANTIC BCH. FL	
TITLE	STD	☐ DELETE
NAME	HARTLE, CORA S.	
STREET ADDRESS	599 ATLANTIC BLVD.	
CITY-ST-ZIP	ATLANTIC BCH. FL	
TITLE	VD	☐ DELETE
NAME	NOE, WILLIAM G. JR.	
STREET ADDRESS	599 ATLANTIC BLVD.	
CITY-ST-ZIP	ATLANTIC BCH. FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

CR2E034 (12/95)

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: Mark Q. Hartle
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Mark Q. Hartle

2-27-96 Date
904-743-7106 Daytime Phone #