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 -1 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **G57918** **(6)**

1. Corporation Name
ATTORNEY'S TITLE SERVICES, INC. OF ALACHUA COUNTY

Principal Place of Business	Mailing Address
6 WEST UNIVERSITY AVE P.O. BOX 2602 GAINESVILLE FL 32601	6 WEST UNIVERSITY AVE P.O. BOX 2602 GAINESVILLE FL 32601

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **09/01/1983**
3a. Date of Last Report: **03/17/1994**

2. Principal Place of Business (21):
2a. Mailing Address (26):
4. FEI Number: **59-2318070** ☐ Applied For ☐ Not Applicable

Suite, Apt. #, etc. (22):
Suite, Apt. #, etc. (27):
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

City & State (23):
City & State (28):
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

Zip (24): County (25): Zip (29): County (30):
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

ANDREWS, WILLIAM C.
ONE SE FIRST AVENUE
GAINESVILLE FL 32601

10. Name and Address of New Registered Agent

81 Name: **Williams, Charles A.,Jr.**
82 Street Address (P.O. Box Number is Not Acceptable): **2700 NW 43rd St., Ste. C**
83:
84 City: **Gainesville** **FL** 85 Zip Code: **32606**

11. Pursuant to the provisions of Sections 607.0202, 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: X _____ 5/8/95
Signature, type or print name of registered agent and title if applicable — NOTE: Registered Agent signature required when not stated — DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	11 TITLE	☒ Change ☐ Addition
NAME	ANDREWS, WILLIAM C.	12 NAME	Has resigned-no longer an officer
STREET ADDRESS	ONE SE FIRST AVENUE	13 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL	14 CITY-ST-ZIP	
TITLE	DVP	21 TITLE	DP ☒ Change ☐ Addition
NAME	WILLIAMS, CHARLES A., JR	22 NAME	Williams, Charles A.,Jr.
STREET ADDRESS	2700 NW 43RD ST., STE. C	23 STREET ADDRESS	2700 NW 43rd St.,Ste.C
CITY-ST-ZIP	GAINESVILLE FL	24 CITY-ST-ZIP	Gainesville, FL
TITLE	DVP	31 TITLE	☐ Change ☐ Addition
NAME	CARPENTER, RONALD A.	32 NAME	
STREET ADDRESS	4127 N.W. 27TH LANE	33 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL	34 CITY-ST-ZIP	
TITLE	DVP	41 TITLE	☐ Change ☐ Addition
NAME	BARBER, W. HENRY, JR.	42 NAME	
STREET ADDRESS	203 N.E. FIRST ST.	43 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL	44 CITY-ST-ZIP	
TITLE	DVP	51 TITLE	☐ Change ☐ Addition
NAME	HOLDEN, CHARLES I., JR	52 NAME	
STREET ADDRESS	2700 NW 43RD ST., STE. C	53 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL	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: _____ June 12 1995 375-1822
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL AND TITLE OR OFFICE HELD — DATE — Daytime Phone #

SIGNATURE: _____ Date 4-24-95 377-5900