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 28 PM 1:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # G80303 (2)

1. Corporation Name
STEWART TITLE OF FT. MYERS, INC.

Principal Place of Business	Mailing Address
13400 S CLEVELAND AVE STE 202 FT. MYERS FL 33919 US	13400 S CLEVELAND AVE STE 202 FT. MYERS FL 33919 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 01/25/1984
3a. Date of Last Report: 04/26/1994
4. FEI Number: 59-2366068 ☐ 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
7. 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

HICKMAN, HAROLD
3401 W. CYPRESS #101
TAMPA FL 33607

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
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE		☐ Change ☐ Addition
NAME	HICKMAN, HAROLD	12 NAME		
STREET ADDRESS	3401 W CYPRESS 101	13 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL	14 CITY-ST-ZIP		
TITLE	C	21 TITLE		☐ Change ☐ Addition
NAME	HUSSEY, KEVIN M.	22 NAME		
STREET ADDRESS	370A PINELLAS BAYWAY	23 STREET ADDRESS		
CITY-ST-ZIP	TIERRA VERDE FL	24 CITY-ST-ZIP		
TITLE	D	31 TITLE		☐ Change ☐ Addition
NAME	REAVES, VIRGINIA	32 NAME		
STREET ADDRESS	2638 N.DUNDEE	33 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL	34 CITY-ST-ZIP		
TITLE	D	41 TITLE	D	☒ Change ☐ Addition
NAME	O'CONNELL, PHILIP J.	42 NAME	O'Connell,Philip J.	
STREET ADDRESS	521 HAVEN PT ROAD	43 STREET ADDRESS	"DELETE"	
CITY-ST-ZIP	TREASURE ISLAND FL	44 CITY-ST-ZIP		
TITLE	D	51 TITLE		☐ Change ☐ Addition
NAME	MOHLER, EUGENE A.	52 NAME		
STREET ADDRESS	3035 COUNTRYSIDE BLVD #17B	53 STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER 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: Kevin M. Hussey 04-25-95 813-327-5775
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0021220 CP