

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

55 MAY 11 AM 8:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **H05655** (6)

1. Corporation Name
INDEPENDENT ABSTRACT AND TITLE COMPANY

Principal Place of Business Mailing Address
**525 CAROLINE STREET
KEY WEST FL 33040** **525 CAROLINE STREET
KEY WEST FL 33040**

(PLEASE WRITE IN THIS SPACE)

2. Incorporation Date		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21		26		05/24/1984	04/29/1994
22. Suite, Apt. #, etc.		27. Suite, Apt. #, etc.		4. FID Number	Applied For
23. City & State		28. City & State		59-2413414	Not Applicable
24. State	25. County	29. State	30. County	5. Certificate of Good Standing	<input type="checkbox"/> \$8.75 Additional Fee Required
9. Name and Address of Current Registered Agent				6. Election Campaign Financing Trust Fund Contribution	
B G CARTER 525 CAROLINE STREET KEY WEST FL 33040				7. <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. <input type="checkbox"/> Florida Statutes <input type="checkbox"/> No	
				10. Name and Address of New Registered Agent	
				81. Name	
		82. Street Address (P.O. Box Number is Not Applicable)		85. State	
		83.		FL	
		84. City		86. Zip Code	

11. I, the undersigned, in compliance with 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 aware of and accept the obligations of Section 607.0503, Florida Statutes.

SIGNATURE: *B G Carter* (Signature of Current Registered Agent) *B G Carter* (Signature of New Registered Agent) *B G Carter* (Signature of Director)

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 1995	
12.1 NAME 12.2 STREET ADDRESS 12.3 CITY, STATE, ZIP	 DC READ, NELSON 1509 PATRICIA STREET KEY WEST FL STM CARTER, B. G. LONG BEN LANE CUDJOE KEY FL 	13.1 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.1 NAME		13.1 NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12.2 STREET ADDRESS		13.2 STREET ADDRESS	
12.3 CITY, STATE, ZIP		13.3 CITY, STATE, ZIP	
12.1 NAME		13.1 NAME	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12.2 STREET ADDRESS		13.2 STREET ADDRESS	
12.3 CITY, STATE, ZIP		13.3 CITY, STATE, ZIP	
12.1 NAME		13.1 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.2 STREET ADDRESS		13.2 STREET ADDRESS	
12.3 CITY, STATE, ZIP		13.3 CITY, STATE, ZIP	
12.1 NAME		13.1 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.2 STREET ADDRESS		13.2 STREET ADDRESS	
12.3 CITY, STATE, ZIP		13.3 CITY, STATE, ZIP	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 607.01(3)(a), Florida Statutes. Further, I 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 make this report as required by Chapter 607, Florida Statutes, and that my signature appears on Block 12 or Block 13 of this report, or any attachment with an address.

SIGNATURE: *B G Carter* B G Carter 5-4-95 305/294-5105
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR