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

FILED
95 MAY -1 PM 1:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **H24965** **(6)**

1. Corporation Name
ASSOCIATED LAND TITLE GROUP, INC.

Principal Place of Business	Mailing Address
011-C WEST 23RD ST. P.O. BOX 2493 PANAMA CITY FL 32402	011-C WEST 23RD ST. P.O. BOX 2493 PANAMA CITY FL 32402

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **10/10/1984**
3a. Date of Last Report: **04/29/1994**

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

4. FEI Number: **59-2467271** ☐ 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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CRISP, DONALD R. 011-A WEST 23RD STREET PANAMA CITY FL 32405	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	DC	1.1 TITLE	☐ Change ☐ Addition
NAME	CRISP, DONALD R.	1.2 NAME	
STREET ADDRESS	011-A WEST 23RD STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	PANAMA CITY FL	1.4 CITY-ST-ZIP	
TITLE	DP	2.1 TITLE	☐ Change ☐ Addition
NAME	HENDERSON, DONALD C.	2.2 NAME	
STREET ADDRESS	353 HUNTERS CROSSING	2.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL	2.4 CITY-ST-ZIP	
TITLE	~~D~~	3.1 TITLE	☐ Change ☐ Addition
NAME	~~CRISP, ROBERT P.~~	3.2 NAME	
STREET ADDRESS	~~120 S. JEFFERSON ST.~~ DELETE	3.3 STREET ADDRESS	
CITY-ST-ZIP	~~MARIANNA FL~~	3.4 CITY-ST-ZIP	
TITLE	DVE	4.1 TITLE	☐ Change ☐ Addition
NAME	PRESTWOOD, CINDY M.	4.2 NAME	
STREET ADDRESS	16259 E. LULLWATER DR.	4.3 STREET ADDRESS	
CITY-ST-ZIP	PANANA CITY BEACH FL	4.4 CITY-ST-ZIP	
TITLE	ST	5.1 TITLE	☐ Change ☐ Addition
NAME	MEDLOCK, G. WILLIAM	5.2 NAME	
STREET ADDRESS	710 HUNTINGDON ROAD	5.3 STREET ADDRESS	
CITY-ST-ZIP	PANAMA CITY FL	5.4 CITY-ST-ZIP	
TITLE	V	6.1 TITLE	☐ Change ☐ Addition
NAME	CRISP JR, D RAY	6.2 NAME	
STREET ADDRESS	139 CANDLEWICK CIR	6.3 STREET ADDRESS	
CITY-ST-ZIP	PANAMA CITY FL	6.4 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: G.W. MEDLOCK 4-27-95 904-763-2299
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

000013 CP