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 # H44408 (3)

1. Corporation Name
MANATEE TITLE COMPANY, INC.

Principal Place of Business
2444 NORTH ESSEX AVENUE
HERNANDO FL ~~32642~~

Mailing Address
2444 NORTH ESSEX AVENUE
HERNANDO FL ~~32642~~

3. Date Incorporated or Qualified: 02/26/1985
3a. Date of Last Report: 01/26/1995
4. FEI Number: 59-2501470 ☐ 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
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 34442 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 34442 Country 30

9. **Name and Address of Current Registered Agent**

GEISINGER, JACK
9030 WEST FT. ISLAND TRAIL
SUITE 4 PLANTATION VILLAGE
CRYSTAL RIVER FL 32629

10. **Name and Address of New Registered Agent**

81 Name: Eric D. Abel, Esq.
82 Street Address (P.O. Box Number is Not Acceptable): 2450 N. Citrus Hills Blvd.
83
84 City: Hernando, FL 85 Zip Code: 34442

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 [signature] 2/1/96
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	DS	☒ DELETE
NAME	GEISINGER, JACK	
STREET ADDRESS	9030 W. FT. ISLAND TR.	
CITY-ST-ZIP	CRYSTAL RIVER FL	
TITLE	DP	☒ DELETE
NAME	ROBERTS, DAVID C.	
STREET ADDRESS	118 NO PINE AVE	
CITY-ST-ZIP	INVERNESS FL	
TITLE	TD	☒ DELETE
NAME	NASH, GERALD Q.	
STREET ADDRESS	2416 N. ESSEX AVENUE	
CITY-ST-ZIP	HERNANDO FL	
TITLE	VD	☒ DELETE
NAME	TAMPOSI, SAMUEL A.	
STREET ADDRESS	2416 N ESSEX AVENUE	
CITY-ST-ZIP	HERNANDO 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	PD	☐ Change ☒ Addition
1.2 NAME	Eric D. Abel	
1.3 STREET ADDRESS	2450 N. Citrus Hills Blvd.	
1.4 CITY-ST-ZIP	Hernando, FL 34442	
2.1 TITLE	STD	☐ Change ☒ Addition
2.2 NAME	John E. Pastor	
2.3 STREET ADDRESS	2450 N. Citrus Hills Blvd.	
2.4 CITY-ST-ZIP	Hernando, FL 34442	
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		

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: [signature] 2/1/96 352-746-3994
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — JOHN E. PASTOR
Date Daytime Phone #

CR2E034 (12/95)