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 18 AM 10:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

DOCUMENT # H51322 (6)

1. Corporation Name
TITLE AGENTS RESEARCH SERVICES, INC.

Principal Place of Business
1402 JEAN ST
LUTZ FL 33549
US

Mailing Address
P. O BOX 272439
TAMPA FL 33688

3. Date Incorporated or Qualified: 04/09/1985
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-2519368 — Applied For / Not Applicable

2. Principal Place of Business
21 15925 Dover Cliffe Dr.
22 Suite, Apt. #, etc.
23 City & State: Lutz, FL.
24 Zip: 33549 25 Country: USA

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

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

REXRODE, DAVID S.
610 W. DELEON
TAMPA FL 33606

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 ______

12. OFFICERS AND DIRECTORS

TITLE	PDS
NAME	BURKETTE, JOHN E.
STREET ADDRESS	1402 JEAN ST.
CITY-ST-ZIP	LUTZ FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 TITLE		☑ Change ☐ Addition
1 NAME		
1 STREET ADDRESS	15925 Dover Cliffe Dr.	
1 CITY-ST-ZIP	Lutz, Fl. 33549	

14. I do hereby certify that the information supplied with this filing is accurate, 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: [signature] John E. Burkette — 6-9-95 — 813-226-2720
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — DAYTIME PHONE

0444992 FP

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APPROVED AND FILED
95 MAY 18 PM 1:10:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **H54642** **(4)**

1. Corporate Name
ITALTILE, CO., U.S., INC.

Principal Business Address
509 HARLAND AVE. MELBOURNE BCH. FL 32951
PO BOX 372836
SATELLITE BEACH FL 32937

Mailing Address
509 HARLAND AVE. MELBOURNE BCH. FL 32951
PO BOX 372836
SATELLITE BEACH FL 32937

3. Date of Incorporation (if filed): **04/22/1985**
3a. Date of Reinstatement: **04/13/1994**

4. FEI Number: **NOT APPLICABLE**

5. Certificate Status (if any): **$8.75** Additional Fee Required

6. Federal Employer Tax Identification Number (if applicable): **$5.00** May Be Added to Fees

7. Name and Address of Current Registered Agent

ARMANNO, DOMENICO
509 HARLAND AVE.
MELBOURNE BEACH FL 32951

8. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Not Acceptable)

83

84 **FL** 85

11. The undersigned submits and affirms that the facts stated herein are true. The undersigned is familiar with and authorized to sign on behalf of the corporation.

12.
DP
ARMANNO, DOMENICO
509 HARLAND AVE.
MELBOURNE BCH FL

13. Amount Remitted

14. The undersigned submits and affirms that the facts stated herein are true. The undersigned is familiar with and authorized to sign on behalf of the corporation.

SIGNATURE: [signature] 5/13/95

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

407 777 2603

0420007 FP

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1995

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Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

[illegible] AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # H60322 (5)

1. Corporate Name
KARL LAYER, INC.

Principal Place of Business	Mailing Address
5218 HEMINGWAY CIR 2207 NAPLES FL 33999 US	5218 HEMINGWAY CIR 2207 NAPLES FL 33999 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/04/1985
3a. Date of Last Report: 04/28/1994

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. # or Bldg. — 22
Suite, Apt. # or Bldg. — 27
City — 23
State & Zip — 28
County — 24
Country — 25
City — 29
State & Zip — 30

4. FEI Number: 59-2548828
Applied For
Not Applicable

5. Certificate of Status Desired
$8.75 Additional Fee Required

6. Limited Liability Company Amendment
Date First Qualified
$5.00 May Be Added to Fees

8. The corporation has subsidy / interests for under § 220.03(1)
Yes No

9. Name and Address of Current Registered Agent

LAYER, KARL H.
5218 HEMINGWAY CIR #2207
NAPLES FL 33999

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 Section [illegible] Florida Statutes, the undersigned corporation hereby changes its registered office or registered agent, or both, as indicated above. To the best of my knowledge, the information contained herein is true and accurate. I hereby accept the appointment as registered agent (if any) and agree to comply with the provisions of Florida Statutes.

SIGNATURE [illegible] Date

12. OFFICER AND DIRECTORS

P
LAYER, KARL H.
5218 HEMINGWAY CIR #2207
NAPLES FL

13. ADDITIONAL CHANGES TO OFFICERS AND/OR DIRECTORS

Change / Add/Delete

14. I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 with an asterisk (*).

SIGNATURE: Karl H. Layer ; KARL H. LAYER 05-12-95 813-434-5800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number

0332420 CP