FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED PROFIT Mar 25 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # (1)J42352 WORLD TITLE SERVICES, INC. Principal Place of Business Mailing Address 2814 BEACH BLVD 2814 BEACH BLVD **GULFPORT FL 33707 GULFPORT FL 33707** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 11/17/1986 2a. Mailing Address 4. FEI Number 2. Principal Place of Business Applied For 59-1934656 21 Not Applicable 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees 28 Country Zip Country 8. This corporation owes or has paid the current year Intangible 24 Personal Property Tax due June 30. ☐ Yes 29 30 25 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name KENT VAN KEUREN, CORA B. 2814 BEACH BLVD Street Address (P.O. Box Number is Not Acceptable) **GULFPORT FL 33707** 63 84 City 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. ■ Addition DELETE 1.1 TITLE Change TITLE KENT VAN KEUREN, CORA B. 12 NAME MAME 2814 BEACH BLVD 1.3 STREET ADDRESS STREET ADDRESS **GULFPORT FL** CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change ■ Addition TITLE 2.1 TITLE VAN KEUREN, KIRSTEN L. 2.2 NAME NAME 2814 BEACH BLVD. STREET ADDRESS 2.3 STREET ADDRESS **GULFPORT FL** CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Addition Change TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 DILE NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS

14. I hereby certify that the information supplied with this filing 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 armual 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.

5.4 CITY - ST - ZIP

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

CITY - ST - ZIP

STREET ADDRESS

CITY-ST-ZIP

NAME

DELETE

☐ Change

Addition