

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

MAY 11 AM 10:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **J55653** (6)

1. Corporation Name:

OLD SOUTH TITLE AND ABSTRACT COMPANY

Principal Place of Business:

1301G NORTH EGLIN PARKWAY
SHALIMAR FL 32579
US

Mailing Address:

1301G NORTH EGLIN PARKWAY
SHALIMAR FL 32579
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/06/1987

3a. Date of Last Report

04/11/1994

4. FEI Number

59-2769308

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. 119.03, Florida Statutes.

Yes

No

2. Principal Place of Business

21

State, Apt. #, etc.

22

City & State

23

City & State

2b. Mailing Address

26

State, Apt. #, etc.

27

City & State

28

City & State

24

CITY

25

CITY

29

CITY

30

9. Name and Address of Current Registered Agent

HEMBY WILLIAM R.
1301G NORTH EGLIN PARKWAY
SHALIMAR FL 32579

10. Name and Address of New Registered Agent

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City

FL

B5

Zip Code

11. Pursuant to the provisions of Sections 607.0602 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, hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

(Signature of Current Registered Agent)

(Signature of New Registered Agent)

(Date)

12. OFFICERS AND DIRECTORS

OFFICER
NAME
STREET ADDRESS
CITY, ST, ZIP

STD
HEMBY, WILLIAM R.
1821 JOHN SIMS PKWY
NICEVILLE FL

OFFICER
NAME
STREET ADDRESS
CITY, ST, ZIP

DV
HEMBY, PATRICIA S.
1821 JOHN SIMS PKWY
NICEVILLE FL

OFFICER
NAME
STREET ADDRESS
CITY, ST, ZIP

DP
DRAKE, COZETTE R
1301G NORTH EGLIN PARKWAY
SHALIMAR FL

OFFICER
NAME
STREET ADDRESS
CITY, ST, ZIP

~~V~~
~~KEELER, KIMBERLY~~
~~1301G NORTH EGLIN PARKWAY~~
~~SHALIMAR FL~~

OFFICER
NAME
STREET ADDRESS
CITY, ST, ZIP

V
DRAKE, GARY L.
1301G NORTH EGLIN PARKWAY
SHALIMAR FL

OFFICER
NAME
STREET ADDRESS
CITY, ST, ZIP

OFFICER
NAME
STREET ADDRESS
CITY, ST, ZIP

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12

OFFICER
NAME
STREET ADDRESS
CITY, ST, ZIP

Change Addition

OFFICER
NAME
STREET ADDRESS
CITY, ST, ZIP

Change Addition

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CITY, ST, ZIP

Change Addition

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 119.03(9)(b), 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: *William K. Hembly* William K. Hembly STD

5-9-95

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