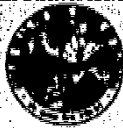


FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 14 AM 10:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J88147

(O)

1. Corporation Name

SOUTHEAST TITLE GROUP, INC.

Principal Place of Business

P.O. BOX 126
PENSACOLA FL 32591-0126

Mailing Address

P.O. BOX 126
PENSACOLA FL 32591-0126

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

08/14/1987

3a. Date of Last Report

01/31/1994

4. FEI Number

59-2835740

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

21 200 W. JACKSON STREET

2a. Mailing Address

Suite, Apt. #, etc.

22 PENSACOLA, FL

City & State

23 32501

Zip

Country

City & State

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**MILLER, S. L.
200 WEST JACKSON STREET
PENSACOLA FL 32501**

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 607.1608, 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 registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	SHELNUTT, PEGGY C
STREET ADDRESS	200 W. JACKSON ST.
CITY - ST - ZIP	PENSACOLA FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	☒ Change ☐ Addition
1.2 NAME	PEGGY C. SHELNUTT	
1.3 STREET ADDRESS	200 W. JACKSON STREET	
1.4 CITY - ST - ZIP	PENSACOLA, FL 32501	
2.1 TITLE	P	☐ Change ☒ Addition
2.2 NAME	SUSAN L. MILLER	
2.3 STREET ADDRESS	200 W. JACKSON STREET	
2.4 CITY - ST - ZIP	PENSACOLA, FL 32501	
3.1 TITLE	S/T	☐ Change ☒ Addition
3.2 NAME	BARBARA A. HARRIS	
3.3 STREET ADDRESS	200 W. JACKSON STREET	
3.4 CITY - ST - ZIP	PENSACOLA, FL 32501	
4.1 TITLE	VP	☐ Change ☒ Addition
4.2 NAME	CHRISTINE MITCHELL	
4.3 STREET ADDRESS	7819 N. DALE MABRY, SUITE 108	
4.4 CITY - ST - ZIP	TAMPA, FL 33614	
5.1 TITLE	VP	☐ Change ☒ Addition
5.2 NAME	LYNNE LEWIS	
5.3 STREET ADDRESS	3720 N.W. 43RD STREET, SUITE 106	
5.4 CITY - ST - ZIP	GAINESVILLE, FL 32606	
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 110.07(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:

Peggy C. Shelnut
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/15/95

Date

(904) 438-6200

Telephone Number