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	Mailing Address
P.O. BOX 126 PENSACOLA FL 32591-0126	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**

2. Principal Place of Business
21 **200 W. JACKSON STREET**
22 **PENSACOLA, FL**
23 City & State: **32501**
24 Zip
25 Country

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

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. The corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

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 607.1508, 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
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	D	☒ Change ☐ Addition
NAME	SHELNUTT, PEGGY C	1.2 NAME	PEGGY C. SHELNUTT	
STREET ADDRESS	200 W. JACKSON ST.	1.3 STREET ADDRESS	200 W. JACKSON STREET	
CITY-ST-ZIP	PENSACOLA FL	1.4 CITY-ST-ZIP	PENSACOLA, FL 32501	
TITLE		2.1 TITLE	P	☐ Change ☒ Addition
NAME		2.2 NAME	SUSAN L. MILLER	
STREET ADDRESS		2.3 STREET ADDRESS	200 W. JACKSON STREET	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	PENSACOLA, FL 32501	
TITLE		3.1 TITLE	S/T	☐ Change ☒ Addition
NAME		3.2 NAME	BARBARA A. HARRIS	
STREET ADDRESS		3.3 STREET ADDRESS	200 W. JACKSON STREET	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	PENSACOLA, FL 32501	
TITLE		4.1 TITLE	VP	☐ Change ☒ Addition
NAME		4.2 NAME	CHRISTINE MITCHELL	
STREET ADDRESS		4.3 STREET ADDRESS	7819 N. DALE MABRY, SUITE 108	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	TAMPA, FL 33614	
TITLE		5.1 TITLE	VP	☐ Change ☒ Addition
NAME		5.2 NAME	LYNNE LEWIS	
STREET ADDRESS		5.3 STREET ADDRESS	3720 N.W. 43RD STREET, SUITE 106	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	GAINESVILLE, FL 32606	
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		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)(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: Peggy Shelnutt-Still 3/15/95 (904)438-6200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0992266 CP