FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **J88305** **(4)**

1. Corporation Name

PRECISION TITLE SERVICES, INC.

Principal Place of Business	Mailing Address
69 RIVER DR ORMOND BEACH FL 32176-1171	69 RIVER DR ORMOND BEACH FL 32176-1171

3. Date Incorporated or Qualified: **08/18/1987**

3a. Date of Last Report: **07/25/1995**

2. Principal Place of Business
21: 1617 Ridgewood Ave
22 Suite, Apt. #, etc.: E 204
23 City & State: Holly Hill, Fl.
24 Zip: 32117
25 Country: USA

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

4. FEI Number: **59-2839097** ☐ 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

9. Name and Address of Current Registered Agent

NAVARRA, WILLIAM ATTORNEY AT LAW
1615 RIDGEWOOD AVENUE
HOLLY HILL FL 32117

10. Name and Address of New Registered Agent

81 Name: John A. Sacco
82 Street Address (P.O. Box Number is Not Acceptable): 2466 Old Samsula Rd.
83: Daytona Beach, Fl. 32124
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: John A. Sacco president/owner — Signature, typed or printed name of registered agent and title, if applicable
John A. Sacco — (NOTE: Registered agent's signature required when reinstating)
DATE: 5/1/96.

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FLANNERY, SEAN J. 69 RIVER DR ORMOND BEACH FL	☒ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	PRESIDENT/ P D John A. Sacco 2466 Old Samsula Rd. Daytona Beach, Fl. 32124	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MCLELLAN, ROBERT S 1617 RIDGEWOOD AVE #E204 HOLLY HILL FL	☒ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	Vice President/Treasurer/Secc Linda Leigh Sacco 2466 Old Samsula Rd. Daytona Beach, Fl. 32124	☒ Change ☐ Addition V-T-S D
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

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: John A Sacco — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
John A. Sacco — 5/1/96 — Date
1-888-677-1427 — Daytime Phone #

CR2E034 (12/95)