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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 13 PM 2:17

DOCUMENT # **J89358** **(2)**

1. Corporation Name
SENTRY TITLE COMPANY OF CENTRAL FLORIDA, INC.

Principal Place of Business	Mailing Address
222 S WESTMONTE DR SUITE 213 ALTAMONTE SPRINGS FL 32714	222 S WESTMONTE DR SUITE 213 ALTAMONTE SPRINGS FL 32714

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 08/26/1987
3a. Date of Last Report: 03/22/1994

2. Principal Place of Business (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) County (25)

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

4. FEI Number: 59-2837872 ☐ 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

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

9. Name and Address of Current Registered Agent

WARLICK, THOMAS H.
14 E. WASHINGTON ST., SUITE 500
ORLANDO FL 32802

10. Name and Address of New Registered Agent

81 Name: KENDALL, DONALD F.
82 Street Address (P.O. Box Number is Not Acceptable): 286 S. WYMORE ROAD, #102
83 ALTAMONTE SPRINGS, FL
84 City: ALTAMONTE SPRINGS, FL FL 85 Zip Code: 32714

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: Donald F Kendall — DONALD F. KENDALL, PRINCIPAL — 4/6/95
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) (DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DVP	11 TITLE	RESIGNED FROM CORPORATION	☒ Change ☐ Addition
NAME	WARLICK, THOMAS H.	12 NAME	WARLICK, THOMAS H.	
STREET ADDRESS	14 E WASHINGTON ST S-500	13 STREET ADDRESS	14 E. WASHINGTON ST.,	
CITY-ST-ZIP	ORLANDO FL	14 CITY-ST-ZIP	ORLANDO, FL 32802	
TITLE	VP	21 TITLE	DVP	☒ Change ☐ Addition
NAME	KENDALL, DONALD F.	22 NAME	KENDALL, DONALD F.	
STREET ADDRESS	286 S. WYMORE RD., #102	23 STREET ADDRESS	286 S. WYMORE RD., #102	
CITY-ST-ZIP	ALTAMONE SPRINGS FL	24 CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32714	
TITLE	P	31 TITLE		☐ Change ☐ Addition
NAME	BOWIE, JOAN C.	32 NAME		
STREET ADDRESS	605 HERMITS TRAIL	33 STREET ADDRESS		
CITY-ST-ZIP	ALTAMONTE SPRINGS FL	34 CITY-ST-ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 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: Donald F Kendall — 4/10/95 — 407 869-7722
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0038445 CP