2004 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # J98172

1. Entity Name
WILSON ABSTRACT & TITLE INSURANCE CO.

Principal Place of Business	Mailing Address
602 E. HATHAWAY AVE.	P.O. BOX 67
BRONSON, FL 32621 US	BRONSON, FL 32621 US

DO NOT WRITE IN THIS SPACE

04212004   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
59-2852508	Not Applicable

5. Certificate of Status Desired   ☒   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 32399-0000

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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

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

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution.   ☐   **$5.00** May Be Added to Fees

U00000128962
04/26/04-80056-003 158.75

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	MILLS, H.LEE
STREET ADDRESS	205 S.W. 14TH STREET
CITY-ST-ZIP	CHIEFLAND, FL

TITLE	V
NAME	MILLS, HAROLD E.
STREET ADDRESS	3307 N.W. 84TH LANE
CITY-ST-ZIP	CHIEFLAND, FL

TITLE	S
NAME	POTTER, PATRICIA A
STREET ADDRESS	26824 SW 127TH AVE
CITY-ST-ZIP	NEWBERRY, FL

TITLE	V
NAME	MILLS, REGENA W
STREET ADDRESS	205 SW 14TH ST
CITY-ST-ZIP	CHIEFLAND, FL 32626

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _Patricia A Potter_   Patricia A. Potter Exec Secretary   4/23/04   352-486-2033
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #