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 MAY -1 PM 11:46

FLORIDA DEPT. OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **K23692** **(2)**

1. Current Name:
PALM TITLE, INC.

Principal Place of Business:
250 SO BRIDGE STR
STE B
LABELLE FL 33935
US

Mailing Address:
PO BOX 2550
LABELLE FL 33935
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
05/13/1988	**04/13/1994**

2. Principal Place of Business	2a. Mailing Address
21	26
State Add # code: 22	State Add # code: 27
City & State: 23	City & State: 28
24 / 25	29 / 30

4. FEI Number: **65-0052234** ☐ 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 qualify for changes to under § 607.1502 Florida Statutes. ☑ Yes. ☐ No.

9. Name and Address of Current Registered Agent

WATKINS, JOHN JAY
150 S. MAIN ST.
LABELLE FL 33935

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 Section 607.1501 or 617.1501 Florida Statutes, this corporation files this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. The address of the registered office and the address of the business office of the registered agent, as changed, will be:

Street Address

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
Title: D Name: DENNING, JOHN R. Street Address: 2500 FT. DENAUD RD City-State-Zip: LABELLE FL	☐ Change ☐ Addition
Title: D Name: DENNING, SUSAN Street Address: 2500 FT. DENAUD RD City-State-Zip: LABELLE FL	☐ Change ☐ Addition
Title: Name: Street Address: City-State-Zip:	☐ Change ☐ Addition
Title: Name: Street Address: City-State-Zip:	☐ Change ☐ Addition
Title: Name: Street Address: City-State-Zip:	☐ Change ☐ Addition
Title: Name: Street Address: City-State-Zip:	☐ Change ☐ Addition

14. To the best of my knowledge and belief, the information contained herein is true and correct and that my signature below authorizes the changes specified herein to be made to the records of the corporation named in this report. I am aware that false information submitted in a document to the Department of State pursuant to Chapter 607, Florida Statutes, constitutes a felony of the third degree, punishable as provided in s. 775.082, s. 775.083, or s. 775.084, Florida Statutes.

SIGNATURE: [signature] Secretary/President [illegible] [illegible]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0451839 FP