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 # **K53292** **(4)**

1. Corporation Name

AMERICAN FIRST COAST TITLE SERVICES, INC.

Principal Place of Business

~~2445-B SOUTH THIRD STREET~~
~~JACKSONVILLE BCH FL 32250~~
2485 MONUMENT RD
JACKSONVILLE FL 32225

Mailing Address

~~2445-B SOUTH THIRD STREET~~
~~JACKSONVILLE BCH FL 32250~~
SAME

2. Principal Place of Business

21 2485 MONUMENT RD
Suite, Apt. #, etc.
22 SUITE 10
City & State
23 JACKSONVILLE FL
Zip 24 32225
Country 25 DUVAL

2a. Mailing Address

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

3. Date Incorporated or Qualified: 12/22/1988

3a. Date of Last Report: 04/28/1995

4. FEI Number: 59-2923110 — 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

DYE, M. JULIANA
~~2445-B SOUTH THIRD STREET~~
~~JACKSONVILLE BCH FL 32250~~
2485 MONUMENT RD
JACKSONVILLE FL

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
Signature, typed or printed name of registered agent and title if applicable — (NOTE: Registered Agent's signature is required when resigning) — DATE

12. OFFICERS AND DIRECTORS

TITLE	PT	☐ DELETE
NAME	DYE, M. JULIANA	
STREET ADDRESS	14242 PINE ISLAND DRIVE	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	VS	☐ DELETE
NAME	DYE, TONY C.	
STREET ADDRESS	14242 PINE ISLAND DR.	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	S	☐ DELETE
NAME	DYE, TONY C.	
STREET ADDRESS	2200 AZALEA DRIVE	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	T	☐ DELETE
NAME	DYE, M. JULIANA	
STREET ADDRESS	2200 AZALEA DR.	
CITY-ST-ZIP	JACKSONVILLE BCH FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
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)(k), 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: Tony C. Dye — 4-8-96 — 904-645-9044

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)