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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR -3 PM 4:48

DOCUMENT # K79602 (4)

1. Corporation Name
SUNCOAST TITLE AGENCY OF TAMPA, INC.

Principal Place of Business	Mailing Address
2901 WEST BUSCH BLVD. SUITE 307 TAMPA FL 33618	2901 WEST BUSCH BLVD. SUITE 307 TAMPA FL 33618

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified	3a. Date of Last Report
04/12/1989	01/24/1994

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

4. FEI Number 59-2941837 ☐ 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	10. Name and Address of New Registered Agent
EDRINGTON, LINDA 2901 WEST BUSCH BLVD. SUITE 307 TAMPA FL 33618	81 Name: LINDA EDRINGTON COPLON 82 Street Address (P.O. Box Number is Not Acceptable): 2702 D. PAXTON AVE 83: TAMPA, FL 33611 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: Same registered agent - DATE
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PVS	11 TITLE	PVS ☐ Change ☐ Addition
NAME	EDRINGTON, LINDA	12 NAME	COPLON, LINDA EDRINGTON
STREET ADDRESS	18902 BROOKER CREEK DR.	13 STREET ADDRESS	2702 D PAXTON AVE
CITY-ST-ZIP	ODESSA FL	14 CITY-ST-ZIP	TAMPA, FL 33611
TITLE	T	21 TITLE	T ☐ Change ☐ Addition
NAME	EDRINGTON, LINDA	22 NAME	COPLON, LINDA EDRINGTON
STREET ADDRESS	18902 BROOKER CREEK DR	23 STREET ADDRESS	2702 D PAXTON AVE.
CITY-ST-ZIP	ODESSA FL	24 CITY-ST-ZIP	TAMPA, FL 33611
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		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 addition.

SIGNATURE: Linda Edrington Coplon 3-29-95 813-935-4900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number
LINDA EDRINGTON COPLON

0298823 CP

PLEASE READ ALL INSTRUCTIONS CAREFULLY BEFORE COMPLETING THE FORM. IF YOU NEED ASSISTANCE, PLEASE CALL THE ANNUAL REPORT SECTION AT (904) 487-6056.

FILING FEE $200.00	ANNUAL REPORT $61.25 + $138.75 CORPORATION SUPPLEMENTAL FEE MAKE CHECK PAYABLE TO DEPARTMENT OF STATE

Reminder:

1. Changes in addresses, officers and registered agent must be typed or printed in ink and legible.
2. Include information in Blocks 3 and 4 if not preprinted by the computer.
3. Signature of the proper officer or director as noted in instructions for Block 14.
4. Indicate liability for intangible tax under s. 199.032, Florida Statutes, in Block 8.
5. Submit with total amount due in the form of a separate check for each filing. (Payable in United States Funds through a United States Bank to Department of State.) Fee is $200.00.

Block 1. Block 1 is preprinted with the corporation's name, document number, mailing address and principal place of business as previously reported to our office. The name of corporation cannot be changed by way of this annual report.

Block 2. Enter the principal place of business if different from the mailing address, or if it has been changed from what was previously reported, in Block 2.

Block 2a. If the computer-entered mailing address in Block 1 is incorrect, enter the new mailing address in Block 2a. A Post Office Box is acceptable.

Block 3. Enter the date of incorporation or qualification with this office if Block 3 is blank.

Block 3a. Enter the file date of the last filed annual report, if applicable.

Block 4. Complete Block 4 by entering your Fede … g box. If "applied for" is preprinted in Block 4, you must now provide the FEI number. For assiste …

I didn't know which block to ck. Re: 13

Block 5. Should you desire a certificate reflecting … ; in Block 5 and include an additional $8.75 with your filing fee.

Block 6. Florida law allows for a voluntary contrib … ncing of political campaigns for the offices of the Governor and members of the Cabinet. If you woul …

Block 8. Check the appropriate box. Please direct … 352-3671.

Block 9. The law requires that each corporation h … entry in Block 9 is incorrect, enter the correct information in Block 10. There is no additional fee to …

Same person - new married name and address

Block 10. Enter name of new Registered Agent and … or mail service is NOT acceptable for service of process. THE CORPORATION CANNOT BE ITS OW …

Block 11. The new registered agent must indicate t … these obligations and this appointment by completing and signing in Block 11. No signature is nece … t is a different corporation, the person signing must state their position with the corporation. NOTE …

Block 12. Block 12 contains the last information or … rks in block 12, corrections or additions are to be made in block 13. If there is no change in the info …

Block 13. Block 13 is for changes or additions to th … rinted and legible. Use the following type symbols on the title line: *P=President; V=Vice President; … rector. If a person holds more than one position, enter all positions, e.g., S/D; V/S; V/T/D.* NOTE: A … PERSON 18 YEARS OF AGE OR OLDER. NOTE: If officer or director's address is confidential pursuant to Section 119.07(k), Florida Statutes, an alternate address must be provided. Officers/Directors must list street addresses. If there is no street address, enter the mailing address and "N/A".

Block 14. This report must be signed in Block 14with an original signature by either the President, Vice President, Secretary, Treasurer or Director of the Corporation that is listed in Block 12, Block 13 if a change, or on an attachment with a street address. If the corporation is in the hands of a receiver, it must be signed by the trustee or receiver. A signature placed on an attachment in lieu of placement in Block 14 is unacceptable.

Send only 1995 Preprinted Annual Reports with stub and check to:

Division of Corporations
Annual Reports
Post Office Box 1500
Tallahassee, Florida 32302-1500

Phone Number: (904) 487-6056

Send all other filings and correspondence to this address:

Annual Reports Section
Division of Corporations
Post Office Box 6327
Tallahassee, Florida 32314

Street Address (Overnight Delivery):
409 East Gaines Street
Tallahassee, Florida 32399

INFORMATION REGARDING RETURNED CHECK

If the check submitted with this report is returned by a bank for any reason, the report will be cancelled and considered not filed. The Department of State will administratively dissolve the corporation if a replacement payment with service charge and annual report are not resubmitted within the prescribed time frame.