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 # **K91955** **(0)**

1. Corporation Name

SARASOTA TITLE SERVICES, INC.

Principal Place of Business	Mailing Address
~~3400 S TAMIAMI TRAIL~~ ~~2ND FLOOR~~ SARASOTA FL 34239-5237 US	~~3400 S TAMIAMI TRAIL~~ ~~2ND FLOOR~~ SARASOTA FL 34239-5237 US

3. Date Incorporated or Qualified: **05/31/1989**
3a. Date of Last Report: **03/21/1995**

2. Principal Place of Business	2a. Mailing Address
21 1803 GLENGARY STREET	26 1804 GLENGARY STREET
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: SARASOTA, FLORIDA	28 City & State: SARASOTA, FLORIDA
24 Zip: 34231 — 25 Country: SARASOTA	29 Zip: 34231 — 30 Country: SARASOTA

4. FEI Number: **65-0126136** ☐ 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

SCHWEPPE, DORIS
1920 MAGNOLIA STREET
SARASOTA FL 34239

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 _____ DATE _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE NAME STREET ADDRESS CITY, ST, ZIP	**DPD** **SCHWEPPE, DORIS** **1920 MAGNOLIA ST.** **SARASOTA FL**	☐ DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY, ST, ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP		☐ DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY, ST, ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP		☐ DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY, ST, ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP		☐ DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY, ST, ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP		☐ DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY, ST, ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP		☐ DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY, ST, ZIP		☐ Change ☐ Addition

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: Doris Schweppe, PRESIDENT **1/30/96**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)