

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Monham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAY -1 AM 8:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **K98962** (9)

1. Corporation Name
SUNCO TITLE INSURANCE AGENCY, INC.

Principal Place of Business	Mailing Address
819 CYPRESS VILLAGE BLVD SUITE 102 RUSKIN FL 33573 US	819 CYPRESS VILLAGE BLVD SUITE 102 RUSKIN FL 33573 US

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21	26	06/29/1989	04/19/1994
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number	Applied For
22	27	65-0131773	<input type="checkbox"/> Not Applicable
City & State	City & State	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
23	28	6. Election Campaign Financing	<input type="checkbox"/> \$5.00 May Be Added to Fees
Zip	Country	Trust Fund Contribution	<input type="checkbox"/>
24	25	7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WILLIAM R. LANE
501 EAST KENNEDY BOULEVARD
SUITE 1400
TAMPA FL 33602**

B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City
B5 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PO	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PRESTON, ALLEN J.	1.2 NAME	D HIGGINS, BOBBY W.
STREET ADDRESS	3805 CARDENEL AVENUE	1.3 STREET ADDRESS	3812 Cardenal Ave.
CITY - ST - ZIP	RUSKIN FL	1.4 CITY - ST - ZIP	Ruskin, Fl. 33573
TITLE	SD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PRESTON, ROSINA	2.2 NAME	
STREET ADDRESS	3805 CARDENEL AVENUE	2.3 STREET ADDRESS	
CITY - ST - ZIP	RUSKIN FL	2.4 CITY - ST - ZIP	
TITLE	TD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AGAN, PATRICIA M.	3.2 NAME	
STREET ADDRESS	5008 TERRACE VILLAGE LN.	3.3 STREET ADDRESS	
CITY - ST - ZIP	TAMPA FL	3.4 CITY - ST - ZIP	
TITLE	VP	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TONGER, PATRICIA E.	4.2 NAME	
STREET ADDRESS	1202 BUTCH CASSIDY TR.	4.3 STREET ADDRESS	
CITY - ST - ZIP	WIMAUMA FL	4.4 CITY - ST - ZIP	
TITLE	VP	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAKER, CAROLE A	5.2 NAME	
STREET ADDRESS	P O BOX 388 N/A	5.3 STREET ADDRESS	
CITY - ST - ZIP	BALM FL	5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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)(b), 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 (change), or on an attachment with an address.

SIGNATURE: *Allen J. Preston*
SIGNATURE AND TYPED NAME OF SIGNING OFFICER OR DIRECTOR

2-28-95 813-633-3330
Date Telephone #