

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 14 PM 3:57

DOCUMENT # L23559

(2)

1. Corporation Name

COMMUNITIES TITLE INSURANCE AGENCY, INC.

Principal Place of Business

Mailing Address

C/O ROBERT W. MCCLURE
801 LAUREL OAK DRIVE, SUITE 500
NAPLES FL 33963

C/O ROBERT W. MCCLURE
801 LAUREL OAK DRIVE, SUITE 500
NAPLES FL 33963

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

3a. Date of Last Report

10/18/1989

03/17/1994

4. FEI Number

25-1628732

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional

Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be

Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes

☒ Yes

☐ No

2. Principal Place of Business

2a. Mailing Address

21 c/o Vivien N. Hastings

25 c/o Vivien N. Hastings

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MCCLURE, ROBERT W.
801 LAUREL OAK DRIVE, SUITE 500
NAPLES FL 33963

81 Name

Vivien N. Hastings

82 Street Address (P.O. Box Number is Not Acceptable)

801 Laurel Oak Drive

83

Suite 500

84 City

Naples

FL

85

Zip Code 33963

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

Vivien N. Hastings

Signature, typed or printed name of registered agent, and title if applicable

(NOTE: Registered Agent signature required when re-electing)

DATE

2/6/95

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

DP

NAME

KOSTE, BYRON R.

STREET ADDRESS

801 LAUREL OAK DR. S-500

CITY-ST-ZIP

NAPLES FL

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE

VS

NAME

MCCLURE, ROBERT W.

STREET ADDRESS

801 LAUREL OAK DR. S-500

CITY-ST-ZIP

NAPLES FL

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

☒ Change ☐ Addition

Hastings, V. N.

TITLE

V

NAME

ROCCO, AUGUST W.

STREET ADDRESS

801 LAUREL OAK DR. S-500

CITY-ST-ZIP

NAPLES FL

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE

D

NAME

HOEGSTED, LOUIS H

STREET ADDRESS

801 LAUREL OAK DR #500

CITY-ST-ZIP

NAPLES FL

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE

DT

NAME

BAKER, R W

STREET ADDRESS

801 LAUREL OAK DR, STE 500

CITY-ST-ZIP

NAPLES FL

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☒ Change ☐ Addition

Story, J. B.

TITLE

C

NAME

CARLSON, ALICE J

STREET ADDRESS

801 LAUREL OAK DR #500

CITY-ST-ZIP

NAPLES FL

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 199.07(9)(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 1607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Vivien N. Hastings

2/6/95

(813) 597-6061

SIGNATURE AND TYPED OR PRINTED NAME OF SECRETARY OR OFFICER OR DIRECTOR

Vivien N. Hastings, Secretary

COMMUNITIES TITLE INSURANCE AGENCY, INC.

13. V

Falbey, J. W.
801 Laurel Oak Drive, #500
Naples, FL 33963

V

Doragh, P. D.
801 Laurel Oak Drive, #500
Naples, FL 33963