FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE

APPROVED AND FILED
95 MAY -1 AM 9:31
SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # L30289 (7)

1. Corporation Name
GILCHRIST TITLE SERVICES, INC.

Principal Place of Business	Mailing Address
114 NORTHEAST FIRST STREET P.O. DRAWER 1357 TRENTON FL 32693	114 NORTHEAST FIRST STRET P.O. DRAWER 1357 TRENTON FL 32693

3. Date Incorporated or Qualified: 11/17/1989
3a. Date of Last Report: 05/26/1994
4. FEI Number: 59-2976123 — 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

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

8. ... Florida Statutes. [ ] Yes [ ] No

9. Name and Address of Current Registered Agent

BURT, THEODORE M.
GILCHRIST TITLE SERVICE, INC.
114 N.E. 1ST ST.
TRENTON FL 32693

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 617.0502, 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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
TITLE	DP	TITLE	
NAME	BURT, THEODORE M.	NAME	
STREET ADDRESS	114 NE 1ST ST., P.O. BOX 308	STREET ADDRESS	
CITY-ST-ZIP	TRENTON FL	CITY-ST-ZIP	
TITLE	T	TITLE	TREASURER / SECRETARY [X] Change
NAME	BURT, PAMELA D.	NAME	
STREET ADDRESS	114 NE 1ST ST., P.O. BOX 308	STREET ADDRESS	
CITY-ST-ZIP	TRENTON FL	CITY-ST-ZIP	
TITLE	S	TITLE	VICE PRESIDENT [X] Change
NAME	EDWARDS, MARGARET M.	NAME	FEATHER, MARK J.
STREET ADDRESS	212 HIGHWAY 47, POB 303	STREET ADDRESS	S.E. 20TH STREET, POB 919
CITY-ST-ZIP	TRENTON FL	CITY-ST-ZIP	TRENTON FL

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this 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: Pamela D. Burt PAMELA D. ~~THEODORE M.~~ BURT 5/1/95 (904) 463-6403
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0413066 FP