

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 12 PM 10:02

DOCUMENT # L35605

(9)

1. Corporation Name

TERRACE TITLE, INC.

Principal Place of Business

**C/O LINDA SHATTLES
234 BULLARD PKWY
TEMPLE TERRACE FL 33617**

Mailing Address

**C/O LINDA SHATTLES
234 BULLARD PKWY
TEMPLE TERRACE FL 33617**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/08/1989

3a. Date of Last Report

05/01/1994

4. FEI Number

59-2980951

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

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

**SHATTLES, LINDA H.
234 BULLARD PKWY
TEMPLE TERRACE FL 33617**

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

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

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

P

NAME

SHATTLES, LINDA

STREET ADDRESS

7934 PINE DR

CITY-ST-ZIP

TAMPA FL

1.1 TITLE

VP

☒ Change ☐ Addition

1.2 NAME

CHARLES H. SHATTLES

PLEASE DELETE

1.3 STREET ADDRESS

7934 PINE DRIVE

1.4 CITY-ST-ZIP

TAMPA, FL.

☐ Change ☐ Addition

TITLE

VP

NAME

SHATTLES, CHARLES H.

STREET ADDRESS

7934 PINE DRIVE

CITY-ST-ZIP

TAMPA FL

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE

D

NAME

SHATTLES, JERRY W.

STREET ADDRESS

7934 PINE DRIVE

CITY-ST-ZIP

TAMPA FL

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

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)(k), 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:

Linda Shattles
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
LINDA SHATTLES

APRIL 5, 1995

(813)985-1053