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

APPROVED AND FILED

95 MAR -7 PM 3:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M77194 (2)

1. Corporation Name
LAWYERS TITLE AGENCY OF NORTH FLORIDA, INC.

Principal Place of Business	Mailing Address
% FALCON B. SELLARS, JR. 3001 HWY 77 LYNN HAVEN FL 32444	% FALCON B. SELLARS, JR. 3001 HWY 77 LYNN HAVEN FL 32444

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 04/20/1988
3a. Date of Last Report: 03/24/1994
4. FEI Number: 59-2883831 ☐ 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	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

SELLARS, FALCON B., JR.
3001 HWY 77
LYNN HAVEN FL 32444

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
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	SELLARS, FALCON B., JR.	1.2 NAME	
STREET ADDRESS	3001 HWY 77	1.3 STREET ADDRESS	
CITY-ST-ZIP	LYNN HAVEN FL	1.4 CITY-ST-ZIP	
TITLE	ST	2.1 TITLE	☐ Change ☐ Addition
NAME	BEASLEY, DARLENE F.	2.2 NAME	
STREET ADDRESS	3001 HWY 77	2.3 STREET ADDRESS	
CITY-ST-ZIP	LYNN HAVEN FL	2.4 CITY-ST-ZIP	
TITLE	EVP	3.1 TITLE	☐ Change ☐ Addition
NAME	SEWELL, RHONDA H.	3.2 NAME	
STREET ADDRESS	3001 HWY 77	3.3 STREET ADDRESS	
CITY-ST-ZIP	LYNN HAVEN FL	3.4 CITY-ST-ZIP	
TITLE	EVP	4.1 TITLE	☐ Change ☐ Addition
NAME	REID, CARLA S	4.2 NAME	
STREET ADDRESS	3001 HWY 77	4.3 STREET ADDRESS	
CITY-ST-ZIP	LYNN HAVEN FL	4.4 CITY-ST-ZIP	
TITLE	VP	5.1 TITLE	☐ Change ☐ Addition
NAME	LEWIS, EUGENE C. RETIRED	5.2 NAME	
STREET ADDRESS	3001 HWY 77	5.3 STREET ADDRESS	
CITY-ST-ZIP	LYNN HAVEN FL	5.4 CITY-ST-ZIP	
TITLE	VP	6.1 TITLE	☐ Change ☐ Addition
NAME	PAUL, LARRY W	6.2 NAME	
STREET ADDRESS	3001 HWY 77	6.3 STREET ADDRESS	
CITY-ST-ZIP	LYNN HAVEN FL	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)(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 above, or on an attachment with an address.

SIGNATURE: Falcon B. Sellars 3-3-95 Prof 769 14 91
SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR — Date — Daytime Phone #

0032000 CP