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 11 PM 3:44

DOCUMENT # **M84345** **(1)**

1. Corporation Name
SUNBELT TITLE AGENCY, INC.

Principal Place of Business	Mailing Address
401 W COLONIAL DR SUITE 6 ORLANDO FL 32804 US	PO BOX 6600 CLEARWATER FL 34618 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 06/08/1988
3a. Date of Last Report: 03/29/1994

2. Principal Place of Business
21 320 Crown Oaks Centre Drive
22 Suite, Apt. #, etc.
23 City & State: Longwood, FL
24 Zip: 32750
25 Country: US

2a. Mailing Address
26
27 Suite, Apt. #, etc.
28 City & State
29 Zip
30 Country

4. FEI Number: 59-2892334 ☐ 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

9. Name and Address of Current Registered Agent

~~HIGGINS, JOHN P~~
~~100 SECOND AVE ST SOUTH~~
~~12TH FLOOR~~
~~ST PETERSBURG FL 33701~~

10. Name and Address of New Registered Agent

81 Name: Morris A. LeCompte, Esquire
82 Street Address (P.O. Box Number is Not Acceptable): 100 Second Avenue South
83: City Center - 12th Floor
84 City: St. Petersburg FL 85 Zip Code: 33701

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: Morris A. LeCompte — Morris A. LeCompte — 2/25/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	1.1 TITLE		☐ Change ☐ Addition
NAME	COPE, RICHARD W	1.2 NAME		
STREET ADDRESS	19353 UW HWY 19 NO, SUITE 100	1.3 STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER FL	1.4 CITY-ST-ZIP		
TITLE	E	2.1 TITLE	DV	☒ Change ☒ Addition
NAME	TOOKE, EDWIN C	2.2 NAME		
STREET ADDRESS	19353 US HWY 19 NORTH, SUITE 100	2.3 STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER FL	2.4 CITY-ST-ZIP		
TITLE	D	3.1 TITLE	P	☐ Change ☒ Addition
NAME	MUELLER, JAMES G	3.2 NAME		
STREET ADDRESS	2101 W COMMERCIAL BLVD. #4000	3.3 STREET ADDRESS		
CITY-ST-ZIP	FT LAUDERDALE FL	3.4 CITY-ST-ZIP		
TITLE	TS	4.1 TITLE		☐ Change ☐ Addition
NAME	STICCO, LEWIS A	4.2 NAME		
STREET ADDRESS	19353 US HWY 19 NO, SUITE 100	4.3 STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER FL	4.4 CITY-ST-ZIP		
TITLE	~~P~~	5.1 TITLE	V	☒ Change ☒ Addition
NAME	~~HOWARD, SHARON~~	5.2 NAME	Sharon Howard	
STREET ADDRESS	~~401 W COLONIAL DR SUITE 6~~	5.3 STREET ADDRESS	320 Crown Oaks Centre Drive	
CITY-ST-ZIP	~~ORLANDO FL~~	5.4 CITY-ST-ZIP	Longwood, FL 32750	
TITLE	~~V~~	6.1 TITLE	V	☒ Change ☒ Addition
NAME	~~MCARDLE, DAVID~~	6.2 NAME	Dennis McArdle	
STREET ADDRESS	~~4100 W KENNEDY BLVD.~~	6.3 STREET ADDRESS	4100 West Kennedy Blvd., Ste 206	
CITY-ST-ZIP	~~TAMPA FL~~	6.4 CITY-ST-ZIP	Tampa, FL 33609	

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 if changed, or on an attachment with an address.

SIGNATURE: S.A. Sticco — Lewis A. Sticco — 4/6/95 — 813/538-5468
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0370272 CP

M84345

SUNBELT TITLE AGENCY, INC.
DOCUMENT # M84345
FEI: 59-2892334

Additional Officer:

V
Suzanne S. Godoy
2101 W. Commercial Blvd., #1400
Ft. Lauderdale, Florida 33309