FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 12 PM 12:08

DOCUMENT # **N33622** **(4)**

1. Corporation Name
FLORIDA ASSOCIATION OF INDEPENDENT TITLE AGENTS, INC.

Principal Place of Business	Mailing Address
P.O. BOX 290431 TAMPA FL 33687-0431	P.O. BOX 290431 TAMPA FL 33687-0431

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **08/08/1989**
3a. Date of Last Report: **04/05/1994**
4. FEI Number: **59-2967418** ☐ Applied For ☐ Not Applicable

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

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
OLVER, E. DARLENE 2552 FIRST AVE., N. ST. PETERSBURG FL 33713	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	D	11 TITLE	☐ Change ☐ Addition
NAME	MILLS, RALPH B. III	12 NAME	
STREET ADDRESS	6565 TAFT ST	13 STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD FL	14 CITY-ST-ZIP	
TITLE	PD	21 TITLE	☐ Change ☐ Addition
NAME	JOANNE M. GIROUX	22 NAME	
STREET ADDRESS	4625 E. BAY DR, STE 308	23 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL	24 CITY-ST-ZIP	
TITLE	STD	31 TITLE	☐ Change ☐ Addition
NAME	OLVER, E. DARLENE	32 NAME	
STREET ADDRESS	2552 FIRST AVE., N.	33 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL	34 CITY-ST-ZIP	
TITLE	VD	41 TITLE	☐ Change ☐ Addition
NAME	WADLEY, BILLY	42 NAME	
STREET ADDRESS	2 SOUTH UNIVERSITY DR., STE 231	43 STREET ADDRESS	
CITY-ST-ZIP	PLANTATION FL	44 CITY-ST-ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	CRAIG, STEVEN L.	52 NAME	
STREET ADDRESS	11575 US HWY 1 #209	53 STREET ADDRESS	
CITY-ST-ZIP	N PALM BCH FL	54 CITY-ST-ZIP	
TITLE	D	61 TITLE	☐ Change ☐ Addition
NAME	JENNINGS, JAN	62 NAME	
STREET ADDRESS	3570 S MCCALL RD #1	63 STREET ADDRESS	
CITY-ST-ZIP	ENGLEWOOD FL	64 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)(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: E. Darlene Olver S/T 4/5/95 (813) 6280682
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0068749