

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N93000005495 (7)

1. Corporation Name

NATIONAL TITLE AGENTS ASSOCIATION, INC.



Principal Place of Business

Mailing Address

PO BOX 290431
TAMPA FL 33687-0431
US

PO BOX 290431
TAMPA FL 33687-0431
US

3. Date Incorporated or Qualified

11/18/1993

3a. Date of Last Report

04/27/1995

4. FEI Number

59-3214663

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 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PETERSON, MICHAEL L
MOLLOY JAMES AND PETERSON
325 SOUTH BOULEVARD
TAMPA FL 33606

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME CARVER, LYN
STREET ADDRESS 6510 WALTON WAY
CITY-ST-ZIP TAMPA FL

☐ DELETE

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

☐ Change

☐ Addition

TITLE VD
NAME GREIG, BARBARA
STREET ADDRESS 2414 TAMiami TRAIL, #5
CITY-ST-ZIP PORT CHARLOTTE FL

☐ DELETE

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

☐ Change

☐ Addition

TITLE STD
NAME OLVER, E. DARLENE
STREET ADDRESS 2552 1ST AVE. NORTH
CITY-ST-ZIP ST. PETERSBURG FL

☐ DELETE

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

☐ Change

☐ Addition

TITLE D
NAME ROSS, DONALD E
STREET ADDRESS 1018 E. ROBINSON ST.
CITY-ST-ZIP ORLANDO FL 32801

☒ DELETE

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change

☐ Addition

TITLE D
NAME ROEBELT, LINDA
STREET ADDRESS 7901 4TH STREET NORTH
CITY-ST-ZIP ST. PETERSBURG FL 33702

☐ DELETE

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change

☐ Addition

TITLE D
NAME JENNINGS, JAN
STREET ADDRESS 3579 MCCALL ROAD #1
CITY-ST-ZIP ENGLEWOOD FL

☐ DELETE

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LYN CARVER, PRESIDENT

Date

7/1/96

Daytime Phone #

813-628-0682

0012205

CR2E037 (3/96)