

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000029021

FILED  
Apr 05, 2007  
Secretary of State

Entity Name: FMB TITLE INSURANCE AGENCY, INC.

## Current Principal Place of Business:

2626 MAHAN DRIVE  
TALLAHASSEE, FL 32308

## New Principal Place of Business:

## Current Mailing Address:

2626 MAHAN DRIVE  
TALLAHASSEE, FL 32308

## New Mailing Address:

FEI Number: 59-3706396

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

LESTER, SAM ESQ.  
2626 MAHAN DRIVE  
TALLAHASSEE, FL 32308 US

## Name and Address of New Registered Agent:

SIMS, R. MICHAEL  
200 E. WASHINGTON STREET  
MONTICELLO, FL FL US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: R. MICHAEL SIMS

04/05/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: CARRAWAY, F.W. JR  
Address: 2626 MAHAN DR.  
City-St-Zip: TALLAHASSEE, FL 32301

Title: D ( ) Delete  
Name: CARRAWAY, F. WILSON III  
Address: 1313 E. JACKSON ST.  
City-St-Zip: THOMASVILLE, FL 31792

Title: DP (X) Delete  
Name: WRIGHT, L. GARY  
Address: 200 E. WASHINGTON ST.  
City-St-Zip: MONTICELLO, FL 323451952

Title: DST ( ) Delete  
Name: SIMS, R. MICHAEL  
Address: 200 E. WASHINGTON ST.  
City-St-Zip: MONTICELLO, FL 323451952

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: PD (X) Change ( ) Addition  
Name: CARRAWAY, F. WILSON III  
Address: 1313 E. JACKSON ST.  
City-St-Zip: THOMASVILLE, FL 31792

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ST (X) Change ( ) Addition  
Name: SIMS, R. MICHAEL  
Address: 200 E. WASHINGTON ST.  
City-St-Zip: MONTICELLO, FL 323451952

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: R. MICHAEL SIMS

ST

04/05/2007

Electronic Signature of Signing Officer or Director

Date