2006 FOR PROFIT CORPORATION

FILED ANNUAL REPORT Feb 27, 2006 08:00 AM Secretary of State DOCUMENT # P04000060379 1. Entity Name **EMERALD TITLE COMPANY** Principal Place of Business Mailing Address 25241 ELEMENTARY WAY 25241 ELEMENTARY WAY 205 205 BONITA SPRINGS, FL 34135 BONITA SPRINGS, FL 34135 02172006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 37-1488466 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent LYONS, KEVIN M DO NOT WRITE 3000 NORTH FEDERAL HIGHWAY IN THIS SPACE FORT LAUDERDALE, FL USA 8. 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. I am familiar with, and accept the obligations of registered agent. Signature, typed or printed name of registered egent and title if applicable (NOTE, Registered Agent signature required when reinstating) DATE Election Campaign Financing \$5.00 May Be FILE NOWIII FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE LYONS, KEVIN M NAME i Hiji ji ji 1448447 3000 N FEDERAL HIGHWAY STREET ADDRESS D3749706-80012-814 150.00 FORT LAUDERDALE, FL 33306 CITY-ST-709 TITLE LYONS, RICHARD D NAME 25241 ELEMENTARY WAY, SUITE 205 STREET ADDRESS CITY-ST-ZIP BONITA SPRINGS, FL 34135 TITLE LEHMAN, LESLIE MAME STREET ADDRESS 2950 TAMIAMI TRAIL N. SUITE 19 DO NOT WRITE CITY-ST-ZIP NAPLES, FL 34103 IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP TITLE NAME STREET ADDRESS

2/21/2016