

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 8, 1995.
AMOUNT DUE ON OR BEFORE 8/8/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT
CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # P93000013737 (0)

1. Corporation Name

ARBOR TITLE SERVICES, INC.

FILED
95 AUG 10 PM 12:20
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business

1715 N. WESTSHORE BLVD.
SUITE 150
TAMPA FL 33607
US

Mailing Address

1715 N. WESTSHORE BLVD.
SUITE 150
TAMPA FL 33607
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

02/24/1993

3a. Date of Last Report

06/15/1994

4. FEI Number

59-3170812

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing

☐ \$5.00 May Be
Added to Fees

7. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

21 3801 Bay to Bay Blvd

Suite, Apt. #, etc.

22 101

City & State

23 TAMPA, FL

Zip

24 33629

County

25 Hillsborough

2a. Mailing Address

26 3801 Bay to Bay Blvd

Suite, Apt. #, etc.

27 101

City & State

28 TAMPA, FL

Zip

29 33629

County

30 Hillsborough

9. Name and Address of Current Registered Agent

ARCHERD, CHARLES W
3308 LANTANIA DRIVE
TAMPA FL 33618

10. Name and Address of New Registered Agent

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

Charles W Archerd

CHARLES W ARCHERD

8/3/95

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

(NOTE: Registered Agent Signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	ARCHERD, CHARLES W
STREET ADDRESS	3308 LANTANIA DRIVE
CITY - ST - ZIP	TAMPA FL 33618
TITLE	P
NAME	ARCHERD, ANNE C.
STREET ADDRESS	3308 LANTANIA DR.
CITY - ST - ZIP	TAMPA FL
TITLE	V
NAME	YOUNG, ROBERT I
STREET ADDRESS	1715 N. WESTSHORE BLVD., #150
CITY - ST - ZIP	TAMPA FL
TITLE	V
NAME	LUCIOLA, BARBARA
STREET ADDRESS	1715 N. WESTSHORE BLVD., #150
CITY - ST - ZIP	TAMPA FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	☒ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	3801 Bay to Bay Blvd #101
3.4 CITY - ST - ZIP	TAMPA, FL 33629
4.1 TITLE	☒ Change ☐ Addition
4.2 NAME	Delete
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, even as an individual with no address.

SIGNATURE:

Charles W Archerd
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/3/95

813 835-4435