

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.**  
**AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

**PROFIT CORPORATION ANNUAL REPORT 1996**



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

**DOCUMENT # P93000037743 (0)**  
 1. Corporation Name

**PENINSULA STATE TITLE, INC.**



Principal Place of Business: **1861 PLACIDA RD. SUITE 204 ENGLEWOOD FL 34223 US**  
 Mailing Address: **1861 PLACIDA RD. SUITE 204 ENGLEWOOD FL 34223 US**

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields with sub-fields for Suite, City & State, Zip, and Country.

3. Date Incorporated or Qualified: **05/26/1993**  
 3a. Date of Last Report: **05/01/1995**  
 4. FEI Number: **65-0413948**  
 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

9. Name and Address of Current Registered Agent  
**BATSEL, C. GUY  
 1861 PLACIDA ROAD  
 SUITE 204  
 ENGLEWOOD FL 34223**

10. Name and Address of New Registered Agent (81-85)  
 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: \_\_\_\_\_ (Signature typed or printed name of registered agent and title if applicable) (REG. Registered Agent signature required when registering) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

|                 |                               |                                 |
|-----------------|-------------------------------|---------------------------------|
| TITLE           | <b>DP</b>                     | <input type="checkbox"/> DELETE |
| NAME            | <b>BATSEL, C. GUY</b>         |                                 |
| STREET ADDRESS  | <b>1861 PLACIDA ROAD #204</b> |                                 |
| CITY - ST - ZIP | <b>ENGLEWOOD FL</b>           |                                 |
| TITLE           | <b>DVP</b>                    | <input type="checkbox"/> DELETE |
| NAME            | <b>MCKINLEY, MICHAEL R</b>    |                                 |
| STREET ADDRESS  | <b>18401 MURDOCK CIRCLE</b>   |                                 |
| CITY - ST - ZIP | <b>PT. CHARLOTTE FL</b>       |                                 |
| TITLE           | <b>DS</b>                     | <input type="checkbox"/> DELETE |
| NAME            | <b>ITTERSAGEN, SCOTT D</b>    |                                 |
| STREET ADDRESS  | <b>1861 PLACIDA ROAD #204</b> |                                 |
| CITY - ST - ZIP | <b>ENGLEWOOD FL</b>           |                                 |
| TITLE           | <b>DT</b>                     | <input type="checkbox"/> DELETE |
| NAME            | <b>GUNDERSON, MIKO P</b>      |                                 |
| STREET ADDRESS  | <b>1861 PLACIDA ROAD #204</b> |                                 |
| CITY - ST - ZIP | <b>ENGLEWOOD FL</b>           |                                 |
| TITLE           |                               | <input type="checkbox"/> DELETE |
| NAME            |                               |                                 |
| STREET ADDRESS  |                               |                                 |
| CITY - ST - ZIP |                               |                                 |
| TITLE           |                               | <input type="checkbox"/> DELETE |
| NAME            |                               |                                 |
| STREET ADDRESS  |                               |                                 |
| CITY - ST - ZIP |                               |                                 |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |                 |  |
|--------------------|-----------------|--|
| 11 TITLE           | <b>D/P/T</b>    | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12 NAME            |                 |  |
| 13 STREET ADDRESS  |                 |  |
| 14 CITY - ST - ZIP |                 |  |
| 21 TITLE           | <b>D/1ST VP</b> | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 22 NAME            |                 |  |
| 23 STREET ADDRESS  |                 |  |
| 24 CITY - ST - ZIP |                 |  |
| 31 TITLE           | <b>D/2ND VP</b> | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 32 NAME            |                 |  |
| 33 STREET ADDRESS  |                 |  |
| 34 CITY - ST - ZIP |                 |  |
| 41 TITLE           | <b>S</b>        | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 42 NAME            |                 |  |
| 43 STREET ADDRESS  |                 |  |
| 44 CITY - ST - ZIP |                 |  |
| 51 TITLE           |                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 52 NAME            |                 |  |
| 53 STREET ADDRESS  |                 |  |
| 54 CITY - ST - ZIP |                 |  |
| 61 TITLE           |                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 62 NAME            |                 |  |
| 63 STREET ADDRESS  |                 |  |
| 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 I am being added as an attachment with an address.

**SIGNATURE:**

*(Handwritten Signature)*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**7/22/96**

**941-474-7713**

CR2E034 (3/96)