

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000003562 (3)

1. Corporation Name

HERITAGE TITLE, INC.



Principal Place of Business

2059 TRADE CENTER WAY
NAPLES FL 33942
US

Mailing Address

2059 TRADE CENTER WAY
NAPLES FL 33942
US

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified
01/07/1994

3a. Date of Last Report
04/25/1995

4. FEI Number
65-0464929

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

10. Name and Address of New Registered Agent

THRUSHMAN, GENE

~~2063 TRADE CENTER WAY~~
NAPLES FL 33942

81 Name PEGGY E. GARRIS

82 Street Address (P.O. Box Number is Not Acceptable)
2059 TRADE CENTER WAY

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0592 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

(NOTE: Registered Agent is required to provide a return address)

2/12/96

12. OFFICERS AND DIRECTORS

TITLE D
NAME THRUSHMAN, GENE
STREET ADDRESS ~~5027 TAMMAM TRAIL EAST~~
CITY- ST- ZIP NAPLES FL 33962

TITLE D
NAME GORMAN, JAMES H
STREET ADDRESS ~~1135 7TH STREET SOUTH~~
CITY- ST- ZIP NAPLES FL 33940

TITLE D
NAME GARRIS, PEGGY E
STREET ADDRESS 2059 TRADE CENTER WAY
CITY- ST- ZIP NAPLES FL

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

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
1.2 NAME
1.3 STREET ADDRESS 2065 TRADE CENTER WAY
1.4 CITY- ST- ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS 2065 TRADE CENTER WAY
2.4 CITY- ST- ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS 2059 Trade Center Way
3.4 CITY- ST- ZIP Naples, Fl. 33942

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY- ST- ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY- ST- ZIP

6.1 TITLE
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 in person; 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 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

2/12/96 941-594-8848

CR2E034 (12/95)