

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 28 PM 1:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000024556 (0)

1. Corporation Name

AAA TITLE COMPANY, INC.

Principal Place of Business

**1460 BAYTREE DRIVE STE. 4
PALM BAY FL 32907**

Mailing Address

**1460 BAYTREE DRIVE STE. 4
PALM BAY FL 32907**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

03/28/1994

3a. Date of Last Report

n/a

4. FEI Number

59-3257553

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**

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21 1460 Baytree Dr.

2a. Mailing Address

26 1460 Baytree Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite #4

27 Suite #4

City & State

City & State

23 Palm Bay, Fl.

28 Palm Bay, Fl.

Zip

Country

Zip

Country

24 32905

25 USA

29 32905

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CLARK, H. L. III

**1460 BAYTREE DRIVE STE. 4
PALM BAY FL 32907**

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 **H. L. Clark, III, President**

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

(NOTE: Registered Agent signature required when resigning)

DATE

4/18/95

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	President
NAME	H. L. Clark, III
STREET ADDRESS	3700 N. Riverside Dr.
CITY- ST- ZIP	Indianapolis, Fl., 32903
TITLE	Vice President
NAME	Brian D. Clark
STREET ADDRESS	1220 Nienburg Ave., N.W.
CITY- ST- ZIP	Palm Bay, Fl., 32907
TITLE	Vice President/Secretary
NAME	Patsy A. Parr
STREET ADDRESS	1199 Homer St., N.W.
CITY- ST- ZIP	Palm Bay, Fl., 32907
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

11 TITLE	☐ Change ☐ Addition
12 NAME	
13 STREET ADDRESS	
14 CITY- ST- ZIP	
21 TITLE	☐ Change ☐ Addition
22 NAME	
23 STREET ADDRESS	
24 CITY- ST- ZIP	
31 TITLE	☐ Change ☐ Addition
32 NAME	
33 STREET ADDRESS	
34 CITY- ST- ZIP	
41 TITLE	☐ Change ☐ Addition
42 NAME	
43 STREET ADDRESS	
44 CITY- ST- ZIP	
51 TITLE	☐ Change ☐ Addition
52 NAME	
53 STREET ADDRESS	
54 CITY- ST- ZIP	
61 TITLE	☐ Change ☐ 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 110.07(3)(k), Florida Statutes. I further certify that the information included 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 687, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or in an attachment with an address.

4/18/95

SIGNATURE:

Patsy A. Parr

Patsy A. Parr, Vice Pres./Sect'y. (407) 729-6090

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #