

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P94000071375 (7)**

1. Corporation Name

GIBRALTAR TITLE SERVICES, INC.



Principal Place of Business

**4655 SALISBURY RD.
STE. 350
JACKSONVILLE FL 32256**

Mailing Address

**4655 SALISBURY RD.
STE. 350
JACKSONVILLE FL 32256**

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

24

25

29

30

9. Name and Address of Current Registered Agent

**HUGHES, J MICHAEL
4655 SALISBURY RD.
STE. 350
JACKSONVILLE FL 32256**

3. Date Incorporated or Qualified
09/28/1994

3a. Date of Last Report
06/21/1995

4. FEI Number

59-3270216

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

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

(NOTE: Registered Agent Signature required when registering)

(DATE)

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE
NAME **HUGHES, J MICHAEL**
STREET ADDRESS **4655 SALISBURY RD. STE. 350**
CITY-ST-ZIP **JACKSONVILLE FL 32256**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
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CITY-ST-ZIP

TITLE ☐ DELETE
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TITLE ☐ DELETE
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CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13.

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

P.D. ☒ Change ☐ Addition
HUGHES, J. MICHAEL
4655 SALISBURY RD., STE. 350
JACKSONVILLE, FL 32256

V.P. & S.D. ☐ Change ☒ Addition
MCGRIFF, W.A., III
7785 BAYMEADOWS WAY, STE. 308
JACKSONVILLE, FL 32256

V.P. & T.D. ☐ Change ☒ Addition
BOWER, E. BRUCE
225 WATER STREET, STE. 860
JACKSONVILLE, FL 32202

D. ☐ Change ☒ Addition
PETWAY, THOMAS F., III
2727 ATLANTIC BLVD.
JACKSONVILLE, FL 32207

D. ☐ Change ☒ Addition
SHERRER, LINDA H.
4190 BELFORT RD., STE. 475
JACKSONVILLE, FL 32216

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*****200.00**

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 hereby 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or as an attachment with an address.

SIGNATURE:

J. Michael Hughes

3/22/96

(904) 296-3100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)