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May 06 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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 32256-0902

3. Date Incorporated or Qualified
09/28/1994

3a. Date of Last Report

03/27/1996

2. Principal Place of Business

2a. Mailing Address

21 4190 BELFORT ROAD

26 4190 BELFORT ROAD

22 SUITE 350

27 SUITE 350

23 JACKSONVILLE, FL

28 JACKSONVILLE, FL

24 32216

25 USA

29 32216

30 USA

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name
J. MICHAEL HUGHES

82 Street Address (P.O. Box Number is Not Acceptable)
4190 BELFORT ROAD

83 SUITE 350

84 City
JACKSONVILLE

85 FL Zip Code
32216

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 of type and printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-STATE-ZIP

TITLE VPSD
NAME MCGRIFF, W.A. III
STREET ADDRESS 7785 BAYMEADOWS WAY, STE. 308
CITY-STATE-ZIP JACKSONVILLE FL 32256

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-STATE-ZIP

TITLE VPTD
NAME BOWER, E. BRUCE
STREET ADDRESS 225 WATER STREET, STE. 860
CITY-STATE-ZIP JACKSONVILLE FL 32202

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP

TITLE D
NAME PETWAY, THOMAS F III
STREET ADDRESS 2727 ATLANTIC BLVD.
CITY-STATE-ZIP JACKSONVILLE FL 32207

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

TITLE D
NAME SHERRER, LINDA H
STREET ADDRESS 4190 BELFORT RD., STE. 475
CITY-STATE-ZIP JACKSONVILLE FL 32216

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

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 or in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/97

909-296-3100

CR2E034 (9/96)