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

CORPORATION ANNUAL REPORT

**1995**

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

APPROVED AND FILED

95 MAY 15 AM 8:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000091468 (6)**

1. Corporation Name

**THE CLOSING TABLE, INC. OF SOUTH TAMPA**

| Principal Place of Business | Mailing Address |
|---|---|
| 2124 WEST KENNEDY BOULEVARD<br>SUITE A<br>TAMPA FL 33606 | 2124 WEST KENNEDY BOULEVARD<br>SUITE A<br>TAMPA FL 33606 |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **12/16/1994** | 3a. Date of Last Report:

2. Principal Place of Business (21) | 2a. Mailing Address (26)

Suite, Apt. #, etc. (22) | Suite, Apt. #, etc. (27)

City & State (23) | City & State (28)

Zip (24) | County (25) | Zip (29) | County (30)

4. FEI Number: 59-3295952 | 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

7. This corporation was initially subject to assessment for calendar year 1994 Florida Statutes ☐ Yes ☒ No

**9. Name and Address of Current Registered Agent**

SMITH, KATHRYN L
2170 WEST STATE ROAD 434
SUITE 302
LONGWOOD FL 33324

**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 [illegible] Date

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS, CHANGES, DELETIONS | |
|---|---|---|---|
| 11 TITLE | PD | 11 TITLE | ☐ Change ☐ Addition |
| 12 NAME | FURMAN, HOWARD MARK | 12 NAME | |
| 13 STREET ADDRESS | 1200 SOUTH PINE ISLAND ROAD, SUITE 220 | 13 STREET ADDRESS | |
| 14 CITY ST ZIP | PLANTATION FL 33324 | 14 CITY ST ZIP | |
| 21 TITLE | STD | 21 TITLE | ☐ Change ☐ Addition |
| 22 NAME | FURMAN, SUSAN T | 22 NAME | |
| 23 STREET ADDRESS | 1200 SOUTH PINE ISLAND ROAD, SUITE 220 | 23 STREET ADDRESS | |
| 24 CITY ST ZIP | PLANTATION FL 33324 | 24 CITY ST ZIP | |
| 31 TITLE | VPD | 31 TITLE | ☐ Change ☐ Addition |
| 32 NAME | SMITH, KATHRYN L | 32 NAME | |
| 33 STREET ADDRESS | 2170 WEST STATE ROAD 434, SUITE 302 | 33 STREET ADDRESS | |
| 34 CITY ST ZIP | LONGWOOD FL 33324 | 34 CITY ST ZIP | |
| 41 TITLE | | 41 TITLE | ☐ Change ☐ Addition |
| 42 NAME | | 42 NAME | |
| 43 STREET ADDRESS | | 43 STREET ADDRESS | |
| 44 CITY ST ZIP | | 44 CITY ST ZIP | |
| 51 TITLE | | 51 TITLE | ☐ Change ☐ Addition |
| 52 NAME | | 52 NAME | |
| 53 STREET ADDRESS | | 53 STREET ADDRESS | |
| 54 CITY ST ZIP | | 54 CITY ST ZIP | |
| 61 TITLE | | 61 TITLE | ☐ Change ☐ Addition |
| 62 NAME | | 62 NAME | |
| 63 STREET ADDRESS | | 63 STREET ADDRESS | |
| 64 CITY ST ZIP | | 64 CITY ST ZIP | |

14. I/We hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemptions stated in Sections 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 if changed, or on an attachment with an address.

**SIGNATURE:** Kathryn L Smith 5/12/95 (407)788-0128

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0002527 FP