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 # **P95000023322 (7)**

1. Corporation Name

NEW HORIZONS TITLE, INC.

Principal Place of Business	Mailing Address
1075 SHEPHERD DRIVE DELTONA FL 32738	1075 SHEPHERD DRIVE DELTONA FL 32738

3. Date Incorporated or Qualified: 03/22/1995

3a. Date of Last Report: 03/05/96

2. Principal Place of Business	2a. Mailing Address
21 2933 WEST STATE ROAD 434	26 2933 WEST STATE ROAD 434
Suite, Apt. #, etc. 22 SUITE 101	Suite, Apt. #, etc. 27 SUITE 101
City & State 23 LONGWOOD, FLORIDA	City & State 28 LONGWOOD, FLORIDA
Zip 24 32779	Zip 29 32779
Country 25 SEMINOLE	Country 30 SEMINOLE

4. FEI Number: 59-330-4522 ☐ 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

FIELDS, MICHAEL G
1075 SHEPHERD DR.
DELTONA FL 32738

10. Name and Address of New Registered Agent

81 Name: FIELDS, MICHAEL G

82 Street Address (P.O. Box Number is Not Acceptable): 1610 EAST NORMANDY BLVD

83

84 City: DELTONA **FL** 85 Zip Code: 32725

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's signature required when mailing) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	☐ DELETE	1.1 TITLE	DP	☒ Change ☐ Addition
NAME	FIELDS, MICHAEL G		1.2 NAME	FIELDS, MICHAEL G.	
STREET ADDRESS	1075 SHEPHERD DR.		1.3 STREET ADDRESS	1610 EAST NORMANDY BLVD.	
CITY-ST-ZIP	DELTONA FL 32738		1.4 CITY-ST-ZIP	DELTONA, FLORIDA 32725	
TITLE	D	☐ DELETE	2.1 TITLE	D.	☒ Change ☐ Addition
NAME	LAROCCA, VERONICA F		2.2 NAME	LAROCCA, VERONICA F.	
STREET ADDRESS	1075 SHEPHERD DR.		2.3 STREET ADDRESS	1610 EAST NORMANDY BLVD.	
CITY-ST-ZIP	DELTONA FL 32738		2.4 CITY-ST-ZIP	DELTONA, FLORIDA 32725	
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (12/95)

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)(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: Michael G Fields - Michael G. Fields 04/09/96 (407) 788-7072

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