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

FILED
Apr 22 1996 8:00 am
Secretary of State

DOCUMENT # P96000000518 (6)

1. Corporation Name
CONTACT TO CLOSING, INC.

Principal Place of Business
2020 CRAFT LANE
SARASOTA FL 34239

Mailing Address
2020 CRAFT LANE
SARASOTA FL 34239

3. Date Incorporated or Qualified: 12/26/1995
3a. Date of Last Report:

4. FEI Number: 65-0629785 — 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

2. Principal Place of Business
21 1133 FOURTH ST.
Suite, Apt. #, etc.
22 SUITE 200
City & State
23 SARASOTA, FL
Zip 24 34236 Country 25 USA

2a. Mailing Address
26 1133 FOURTH ST.
Suite, Apt. #, etc.
27 200
City & State
28 SARASOTA, FL
Zip 29 34236 Country 30 USA

9. Name and Address of Current Registered Agent
SABA, RICHARD D
2033 MAIN STREET
SUITE 303
SARASOTA FL 34237

10. Name and Address of New Registered Agent
81 Name: THOMAS W. CAIL III
82 Street Address (P.O. Box Number is Not Acceptable): 2020 CRAFT LANE
83
84 City: SARASOTA FL 85 Zip Code: 34239

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] President — DATE 4-16-96
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		
TITLE	D	☐ DELETE
NAME	CAIL, THOMAS W III	
STREET ADDRESS	2020 CRAFT LANE	
CITY-ST-ZIP	SARASOTA FL 34239	
TITLE	D	☐ DELETE
NAME	DEAR, RICHARD	
STREET ADDRESS	110 BEACH ROAD	
CITY-ST-ZIP	SARASOTA FL ~~84236~~ 34242	
TITLE	D	☐ DELETE
NAME	DOTSON, R. SCOTT	
STREET ADDRESS	118 INDIAN PLACE #18	
CITY-ST-ZIP	SARASOTA FL 34236	
TITLE	D	☐ DELETE
NAME	MARSHALL, BRIAN R	
STREET ADDRESS	3250 OLD OAK DRIVE	
CITY-ST-ZIP	SARASOTA FL 34239	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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 119.07(3)(k), 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 address.

SIGNATURE: [signature] V.P — 4-16-96 — 941-954-2111
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)