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 -1 PM 6:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S46199 (3)

1. Corporation Name
NORTH FLORIDA TITLE ASSOCIATION, INC.

Principal Place of Business	Mailing Address
3520 THOMASVILLE RD TALLAHASSEE FL 32308 US	3520 THOMASVILLE RD 4TH FLOOR TALLAHASSEE FL 32308 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/18/1991
3a. Date of Last Report: 05/19/1994

2. Principal Place of Business	2a. Mailing Address
21 2807 REMINGTON GREEN CIRCLE	26 2807 REMINGTON GREEN CIRCLE
Suite, Apt. #, etc 22	Suite, Apt. #, etc 27
City & State 23 TALLAHASSEE, FLORIDA	City & State 28 TALLAHASSEE, FLORIDA
Zip / Country 24 32308 / 25 US	Zip / Country 29 32308 / 30 US

4. FEI Number: NOT APPLICABLE — 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

THOMPSON, SUSAN S
3520 THOMASVILLE RD
4TH FLOOR
TALLAHASSEE FL 32308

10. Name and Address of New Registered Agent

81 Name: HUGHES, KRISTINA
82 Street Address (P.O. Box Number is Not Acceptable): 2807 REMINGTON GREEN CIRCLE
83
84 City: TALLAHASSEE, 85 FL Zip Code: 32308

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: Kristina H. DIRECTOR & REGISTERED AGENT 4/27/95
(Signature, typed or printed name of registered agent, and title if officer) (FOR Registered Agent signature required when reinstating) (DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	D ☒ Change ☐ Addition
NAME	GARRISON, DONNA	12 NAME	DUMPHY, ELAINE
STREET ADDRESS	2032 THOMASVILLE RD	13 STREET ADDRESS	3301 THOMASVILLE ROAD
CITY ST ZIP	TALLAHASSEE FL	14 CITY ST ZIP	TALLAHASSEE, FL 32308
TITLE	D	21 TITLE	D ☒ Change ☐ Addition
NAME	VANLANDINGHAM, CLAY	22 NAME	MAXWELL, MICHELLE
STREET ADDRESS	120 S. MADISON ST	23 STREET ADDRESS	2807 REMINGTON GREEN CIRCLE
CITY ST ZIP	QUINCY FL	24 CITY ST ZIP	TALLAHASSEE, FL 32308
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	KELLY, MARTY	32 NAME	
STREET ADDRESS	2807 REMINGTON GREEN CIRCLE	33 STREET ADDRESS	
CITY ST ZIP	TALLAHASSEE FL	34 CITY ST ZIP	
TITLE	D	41 TITLE	D ☒ Change ☐ Addition
NAME	WADDILL, JOHN	42 NAME	HUGHES, KRISTINA
STREET ADDRESS	1400 METROPOLITAN BLVD	43 STREET ADDRESS	2807 REMINGTON GREEN CIRCLE
CITY ST ZIP	TALLAHASSEE FL	44 CITY ST ZIP	TALLAHASSEE, FLORIDA 32308
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	PLANT, BRIAN	52 NAME	700001477427
STREET ADDRESS	HIGHWAY 319	53 STREET ADDRESS	-05/03/95 -01161--003
CITY ST ZIP	CRAWFORDVILLE FL	54 CITY ST ZIP	****200.00 ****200.00
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 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)(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: Kristina H. DIRECTOR 4/27/95 904-386-7186
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (DATE) (Telephone Number)

0087187 CP