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 1:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S70504

1. Corporation Name

VISION TITLE, INC.

900001481539
-05/09/95--01128--008
****200.00 ****200.00
DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
2903 W. Bay Drive Belleair Bluffs, Fl. 34640	2903 W. Bay Drive Belleair Bluffs, Fl. 34640

3. Date Incorporated or Qualified: 07/29/1991
3a. Date of Last Report: 04/15/1994

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / Country — 25 / Zip — 29 / Country — 30

4. FEI Number: 59-3080823 ☐ 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
Hersem, Thomas G. 400 Indian Rocks Road Suite C Belleair Bluffs, Fl. 34640	01 Name: Deborah A. Carroll 02 Street Address (P.O. Box Number is Not Acceptable): 4221 Baymeadows Road, Suite 12 03 04 City: Jacksonville **FL** 05 Zip Code: 32217

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: Deborah A. Carroll — 4-11-95
Signature, typed or 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 / NAME / STREET ADDRESS / CITY ST ZIP: ~~Hersem, Thomas G~~ / ~~400 Indian Rocks Rd~~ / ~~Belleair Bluffs, Fl~~	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY ST ZIP: delete — ☒ Change ☐ Addition
TITLE: SECRETARY NAME: Sells, Gay N STREET ADDRESS: 2903 W. Bay Drive CITY ST ZIP: Belleair Bluffs Fl	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY ST ZIP — ☐ Change ☐ Addition
TITLE: PRESIDENT NAME: Carroll, Deborah A STREET ADDRESS: 2903 W. Bay Drive CITY ST ZIP: Belleair Bluffs, Fl	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY ST ZIP — ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY ST ZIP — ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY ST ZIP — ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY ST ZIP — ☐ Change ☐ Addition

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: Deborah A. Carroll — 4-11-95 — 904-739-9046
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number
DEBORAH A. CARROLL