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 APR 27 PM 12:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S82378 (8)

1. Corporation Name
OWNERS TITLE, INC.

Principal Place of Business	Mailing Address
2340 MAIN ST STE B DENEDIN FL 34698	2340 MAIN ST STE B DENEDIN FL 34698

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/13/1991
3a. Date of Last Report: 02/03/1994

2. Principal Place of Business	2a. Mailing Address
21 2196 Main St.,	26 2196 Main St.
Suite, Apt. #, etc. 22 Suite E	Suite, Apt. #, etc. 27 Suite E
City & State 23 Dunedin, Fl.	City & State 28 Dunedin, Fl.
Zip / Country 24 34698 / 25 U.S.A.	Zip / Country 29 34698 / 30 U.S.A.

4. FEI Number: 59-3086409 ☐ 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. 199.092,* Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
THOMAS, GLORIA B. 2340 MAIN ST STE B DUNEDIN FL 34698	81 Name: Gloria B. Thomas 82 Street Address (P.O. Box Number is Not Acceptable): 2196 Main Street, Suite E 83 84 City: Dunedin FL 85 Zip Code: 34698

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: X Gloria B Thomas (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE: 4-24-95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DVST	11 TITLE	DVST ☒ Change ☐ Addition
NAME	THOMAS, GLORIA B.	12 NAME	THOMAS, Gloria B.
STREET ADDRESS	3130 EAGLES LANDING CIR	13 STREET ADDRESS	4771 Stonebriar Dr
CITY-ST-ZIP	CLEARWATER FL	14 CITY-ST-ZIP	Oldsmar, Fl. 34677
TITLE	DP	21 TITLE	DP ☒ Change ☐ Addition
NAME	BERRY, BRENDA Y.	22 NAME	BERRY, Brenda Y.
STREET ADDRESS	795 SAN SALVADOR DRIVE	23 STREET ADDRESS	795 San Salvador Drive
CITY-ST-ZIP	DUNEDIN FL	24 CITY-ST-ZIP	Dunedin, Fl. 34698
TITLE		31 TITLE	DV ☐ Change ☒ Addition
NAME		32 NAME	BERRY, Jennifer M.
STREET ADDRESS		33 STREET ADDRESS	1868 Barcelona Dr
CITY-ST-ZIP		34 CITY-ST-ZIP	Dunedin, Fl. 34698
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
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: Brenda Y Berry
SIGNATURE AND TYPED OR PRINTED NAME OF PERSON OR OFFICER OR DIRECTOR
BRENDA Y. BERRY

Date (813) 733 0933
Daytime Phone #

0300100 CP