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CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 APR 17 PM 3:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S97017** **(5)**

1. Corporation Name

WINTER PARK TITLE INSURANCE AGENCY, INC.

Principal Place of Business	Mailing Address
507 N NEW YORK AVE STE 301 Suite 303 WINTER PARK FL 32789 US	507 N NEW YORK AVE 301 Suite 303 WINTER PARK FL 32789 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/26/1991

3a. Date of Last Report: 04/28/1994

2. Principal Place of Business — 21:

2a. Mailing Address — 26:

Suite, Apt. #, etc. — 22: Suite 303

Suite, Apt. #, etc. — 27: Suite 303

City & State — 23:

City & State — 28:

Zip — 24: Country — 25:

Zip — 29: Country — 30:

4. FEI Number: 59-3145447 ☐ 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

JOHN H KING
507 N NEW YORK AVE
SUITE 301 303
WINTER PARK FL 32789

10. Name and Address of New Registered Agent

81 Name: Same

82 Street Address (P.O. Box Number is Not Acceptable): Same

83: Suite 303

84 City: Same FL 85 Zip Code:

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 _____ DATE

(Signature, typed or printed name of Registered Agent and title if applicable) (NOTE: Registered Agent signature required when applicable)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	D ☐ Change ☐ Addition
NAME	MCCOY, RAYMOND D.	12 NAME	Mc Coy, Raymond D.
STREET ADDRESS	1068 LOTUS PKWY S832	13 STREET ADDRESS	628218 Laurel Oak Lane
CITY ST ZIP	ALTAMONTE SPRINGS FL	14 CITY ST ZIP	Altamonte Springs, FL 32701
TITLE	D	21 TITLE	D ☐ Change ☐ Addition
NAME	KING, JOHN H.	22 NAME	King, John H.
STREET ADDRESS	492 FLETCHER PL	23 STREET ADDRESS	492 Fletcher Place
CITY ST ZIP	WINTER PARK FL	24 CITY ST ZIP	Winter Park, FL 32789
TITLE		31 TITLE	D ☐ Change ☐ Addition
NAME		32 NAME	Eileen Walker
STREET ADDRESS		33 STREET ADDRESS	8679 San Marlo Way
CITY ST ZIP		34 CITY ST ZIP	Orlando, FL. 32825
TITLE		41 TITLE	D ☐ Change ☐ Addition
NAME		42 NAME	A. Lynn Davis
STREET ADDRESS		43 STREET ADDRESS	5427 Kenyon Rd.
CITY ST ZIP		44 CITY ST ZIP	Orlando, FL 32810
TITLE		51 TITLE	D ☐ Change ☐ Addition
NAME		52 NAME	Ronald Benton
STREET ADDRESS		53 STREET ADDRESS	783 Keeneland Pike
CITY ST ZIP		54 CITY ST ZIP	Lake Mary, FL 32746
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: John H. King PResident 3/31/95 539-5803

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

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