

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY 31 AM 7:49

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

800001503858
-06/01/95--01112--008
***\$225.00 ***\$225.00

DOCUMENT # *V19276*

1. Corporation Name

Guardian Title of Lehigh, Inc.

Principal Place of Business

Mailing Address

6410 Griffin Blvd.
Fort Myers, FLA 33908

6410 Griffin Blvd.
Fort Myers, FLA 33908

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/05/1992

3a. Date of Last Report

05/01/1993

4. FET Number

65-0376154

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

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MCKINLAY, RICHARD S
6410 Griffin Blvd.
Fort Myers, FLA 33908

81 Name

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

83

84 City

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

Signature, typed or printed name of registered agent and the filer

(NOTE: Registered Agent Signature required when registering)

DATE

12.

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

D/P/S

NAME

MCKINLAY, RICHARD S

STREET ADDRESS

6410 Griffin Blvd.

CITY, ST, ZIP

Fort Myers, FL

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

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STREET ADDRESS

CITY, ST, ZIP

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY, ST, ZIP

5. TITLE

6. NAME

7. STREET ADDRESS

8. CITY, ST, ZIP

9. TITLE

10. NAME

11. STREET ADDRESS

12. CITY, ST, ZIP

13. TITLE

14. NAME

15. STREET ADDRESS

16. CITY, ST, ZIP

17. TITLE

18. NAME

19. STREET ADDRESS

20. CITY, ST, ZIP

21. TITLE

22. NAME

23. STREET ADDRESS

24. CITY, ST, ZIP

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/18/95

813-462-1600