

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 17 PM 1:31

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # V22157 (4)

1. Corporation Name

BETA TITLE COMPANY

Principal Place of Business

**12734 KENWOOD LN.
SUITE 24
FT MYERS FL 33907**

Mailing Address

**12734 KENWOOD LN.
SUITE 24
FORT MYERS FL 33907
US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

03/16/1992

3a. Date of Last Report

02/04/1994

4. FEI Number

59-3112188

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

**DAWSON, CARL
16714 BOBCAT DR SW
FT MYERS FL 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 title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

D

NAME

DAWSON, CARL

STREET ADDRESS

16714 BOBCAT DR SW

CITY - ST - ZIP

FT MYERS FL

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

☐ Change

☐ Addition

TITLE

PST

NAME

DAWSON, CARL

STREET ADDRESS

16714 BOBCAT DR SW

CITY - ST - ZIP

FT MYERS FL

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

☒ Change

☐ Addition

TITLE

D

NAME

DAWSON, EDITH B

STREET ADDRESS

16714 Bobcat Dr. SW

CITY - ST - ZIP

FT MYERS, FL

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

☐ Change

☒ Addition

TITLE

ST

NAME

DAWSON, EDITH B.

STREET ADDRESS

16714 Bobcat Dr SW

CITY - ST - ZIP

FT MYERS, FL

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

☐ Change

☒ Addition

TITLE

VP

NAME

DAWSON, WILLIAM B.

STREET ADDRESS

19358 Devonwood Circle

CITY - ST - ZIP

Ft MYERS, FL

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

☐ Change

☒ Addition

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 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 110.07(3)(k), 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:

Carl D. Dawson

Carl D. Dawson, Pres 4-12-95 813 936 1047

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(Date)

(Typed Name)