FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

	JAL REPORT 1997	· · · · · · · · · · · · · · · · · · ·	y of State ORPORATIONS	Secretar	ry of State
1. Corporation	MENT # 12282 A TITLE & ABSTRACT CO	• • •			
Principal Place	e of Business	Mailing Address			<u> </u>
216 NE 1ST AVE PO BOX 2016 OCALA FL 32678		216 NE 1ST AVE PO BOX 2016 OCALA FL 34478-2016	PO BOX 2016		
				 Date incorporated or Qualified 07/25/1930 	3a, Date of Last Report 04/05/1996
2. Principal Place of Business		2a. Mailing Address		4, FEI Number 59-0248540	Applied For
Suite, Apt	#, 610.	Suite, Apt. #, etc.			Not Applicable \$8.75 Additional
22		27		Certificate of Status Desired	Fee Required
City & State	9	City & State		6. Election Campaign Financing	\$5.00 May Be
23] 7(r)	Country	28	Country	Trust Fund Contribution 8. This corporation has liability for in	Added to Fees
24	25	· · · · · · · · · · · · · · · · · · ·	30		Yes No
	g. Name and Address of Cur	rent Registered Agent		10. Name and Address of New Reg	listered Agent
	CKAY, KENNETH H. III		81 Name		
216 NE 1ST AVE			62 Street Add	ress (P.O. Box Number is Not Acceptable	le)
OCALA FL 34470					
			84 City		FL 85 Zip Code
11. Pursuant t	to the provisions of Sections 607.	0502 and 607,1508, Florida Statute	es, the above-named corp	poration submits this statement for the pr	
office or re agent. Lar	egistered agent, or both, in the St m familiar with, and accept the ot	late of Florida. Such change was a oligations of, Section 607.0505, Flo	uthorized by the corpora rida Statutes.	poration submits this statement for the pution's board of directors. I hereby accep	it the appointment as registered
SIGNATURE					
	Signature, typed or printed hame of registered OFFICERS	agent and tille if applicable (NOTE AND DIRECTORS	Registered Agent signature requi	red when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE EDS AND DIDECTORS IN 12
12.	\$	DELETE	1.1 TITLE	ADDITIONS/CHANGES TO OFFIC	Change Addition
NAME	MACDOWELL, JOAN		1.2 NAME		,
STREET ADDRESS	216 NE 1ST AVE		1.3 STREET ADDRESS		
City - S1 - 7iP	OCALA FL 00000		1.4 CITY - ST - ZIP		
TITLE	V	DELETE	21 TITLE		Change Addition
NAME	MCCLUNG, CURTIS E.		2.2 NAME		
STHEET ADDRESS	216 NE 1ST AVE OCALA FL 00000		2.3 STREET ADDRESS		
CHY-ST-ZP TITLE	PT 00000	DELETE	2. 4 CITY-ST-ZIP 3.1 TITLE	. <u> </u>	Change Addition
NAME	MACKAY, KENNETH H. III	the second	3.2 NAME		Find a series of the property of
STREET ADDRESS	216 NE 1ST AVE.		3.3 STREET ADDRESS		
City-S1-7iP	OCALA FL		3.4. CITY-ST-ZIP		
TITLE	V	☐ DELETE	4.1 TITLE		Change Addition
NAME	OWEN, MARY DALE		4, 2 NAME		
STREET ADDRESS	216 NE 1ST AVENUE OCALA FL		4.3 STREET ADDRESS		
City - ST - 7IP Title	VONLATE	☐ DELETE	4.4 CITY-ST-ZIP 5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		}
CITY-ST-Z#			5.4 CITY - ST - ZIP	· · · · · · · · · · · · · · · · · · ·	
1:1LF		☐ DELETE	i 6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		

14. I do hereby certify that the information supplied with this filing 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 3 if changed, or on an alias higher with an address.

SIGNATURE: X

Kenneth H. Mackay, III, Pres. 04-15-97
SIGNING OFFICER OR DIRECTOR

FILED

Apr 22 1997 8:00am