

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

AMEN

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
Apr 24 1997 8:00 am
Secretary of State

DOCUMENT # **P92000005344**

1. Corporation Name

REALTY TITLE, INC.

Principal Place of Business

Mailing Address

1950 Lee Road
Suite 209
Winter Park, FL 32789

1950 Lee Road
Suite 209
Winter Park, FL
32789

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

Orange

29 Zip

Country

24

25

29

30

3. Date Incorporated or Qualified

11/17/92

3a. Date of Last Report

2/17/97

4. FEI Number

59-3151703

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

10. Name and Address of New Registered Agent

Katherine M. Richardson
1950 Lee Road
Suite 209
Winter Park, FL 32789

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 of registered agent or both if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE Director ☒ DELETE
NAME James Burr
STREET ADDRESS 1712 Lee Rd.
CITY-STATE-ZIP Winter Park, FL 32789

11 TITLE Secretary ☐ Change ☒ Addition
12 NAME Kay Ricketson
13 STREET ADDRESS 317 Wekiva Springs Rd. Ste. 100
14 CITY-STATE-ZIP Longwood, FL 32779

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

21 TITLE Director ☒ Change ☐ Addition
22 NAME Elizabeth A. Hastings
23 STREET ADDRESS 5040 W. Colonial
24 CITY-STATE-ZIP Orlando, FL 32808

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-STATE-ZIP

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 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034 (9/96)