

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

APPROVED
AND
FILED

96 FEB 29 AM 9:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # H92627 (9)

1. Corporation Name

CHELSEA TITLE COMPANY

Principal Place of Business

493 E SEMORAN BLVD.
CASSELBERRY FL 32707

Mailing Address

493 E SEMORAN BLVD.
CASSELBERRY FL 32707

3. Date Incorporated or Qualified
01/02/1986

3a. Date of Last Report
03/09/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-2872587

Applied For

Not Applicable

22

Suite, Apt. #, etc.

27

Suite, Apt. #, etc.

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

23

City & State

28

City & State

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

24

Zip

Country

29

Zip

Country

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

DANIELS, GEORGE
493 E SEMORAN BLVD.
CASSELBERRY FL 32707

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	VSD	<input type="checkbox"/> DELETE
NAME	DANIELS, GEORGE	
STREET ADDRESS	493 E SEMORAN BLVD.	
CITY - ST - ZIP	CASSELBERRY FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	LASSITER, ROY	
STREET ADDRESS	493 E SEMORAN BLVD.	
CITY - ST - ZIP	CASSELBERRY FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	ALLEN, BARBARA LEE MS	
STREET ADDRESS	493 E. SEMORAN BLVD.	
CITY - ST - ZIP	CASSELBERRY FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	MAZER, BARRY J.	
STREET ADDRESS	493 E. SEMORAN BLVD.	
CITY - ST - ZIP	CASSELBERRY FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	JETT, RICHARD M.	
STREET ADDRESS	493 E. SEMORAN BLVD	
CITY - ST - ZIP	CASSELBERRY FL	
TITLE	VT	<input type="checkbox"/> DELETE
NAME	RUMSEY, STEPHEN T.	
STREET ADDRESS	493 E. SEMORAN BLVD.	
CITY - ST - ZIP	CASSELBERRY FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

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****208.75 ****208.75

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)(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:

Roy William Lassiter

Roy William Lassiter

2/2/96

407-260-8050

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)

②

H92627

CHELSEA TITLE COMPANY

TITLE	NAMES OF OFFICERS & DIRECTORS	STREET ADDRESS OF EACH OFFICER AND DIRECTOR	CITY, STATE, & ZIP
C	HAUGHTON, WALTER R.	601 MONTGOMERY STREET	SAN FRANCISCO, CA 94111
M	PORTER, LLOYD A.	601 MONTGOMERY STREET	SAN FRANCISCO, CA 94111
V	SUSSMAN, WILLIAM E.	493 E. SEMORAN BLVD.	CASSELBERRY, FL 32707
M	LORENZEN, JOHN M.	601 MONTGOMERY STREET	SAN FRANCISCO, CA 94111