

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

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra D. Matham  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

95 APR 28 AM 10:03

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 002915 (7)

1. Corporation Name  
**ALACHUA COUNTY ABSTRACT COMPANY**

Principal Place of Business  
215 SE 2ND AVE  
GAINESVILLE FL 32601

Mailing Address  
215 SE 2ND AVE  
GAINESVILLE FL 32601

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified  
**03/10/1905**

3a. Date of Last Report  
**01/21/1994**

4. FEI Number  
**58-0137740**

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  
21 Suite, Apt. #, etc.  
22 City & State  
23 Zip Country  
24 25

2a. Mailing Address  
26 Suite, Apt. #, etc.  
27 City & State  
28 Zip Country  
29 30

9. Name and Address of Current Registered Agent  
**MARTIN, WAYNE L.  
215 SE 2ND AVE  
GAINESVILLE FL 32601**

10. Name and Address of New Registered Agent  
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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	COLSON, B R
STREET ADDRESS	215 SE 2ND AVE.
CITY - ST - ZIP	GAINESVILLE FL
TITLE	D
NAME	WHITEHEAD, M.C.
STREET ADDRESS	923 N.W. 21ST. TERR.
CITY - ST - ZIP	GAINESVILLE FL
TITLE	P
NAME	MARTIN, WAYNE L.
STREET ADDRESS	215 SE 2ND AVE.
CITY - ST - ZIP	GAINESVILLE FL
TITLE	VP
NAME	BROOKER, DON
STREET ADDRESS	215 SE 2ND AVE.
CITY - ST - ZIP	GAINESVILLE FL
TITLE	S
NAME	BROOKER, MARVIN A. JR.
STREET ADDRESS	215 SE 2ND AVE.
CITY - ST - ZIP	GAINESVILLE FL
TITLE	D
NAME	ZYLINSKI, PATRICIA
STREET ADDRESS	3604 NW 30TH PLACE
CITY - ST - ZIP	GAINESVILLE 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 type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

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 in an attachment with an address.

SIGNATURE: Don Brooker **Don Brooker, Vice President** 4/26/95 (904) 336-0440  
Date (By whom filed?)