

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

DOCUMENT # 002915 (7)

1. Corporation Name

ALACHUA COUNTY ABSTRACT COMPANY



Principal Place of Business

Mailing Address

215 SE 2ND AVE  
GAINESVILLE FL 32601

215 SE 2ND AVE  
GAINESVILLE FL 32601

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25 29 30

9. Name and Address of Current Registered Agent

MARTIN, WAYNE L.  
215 SE 2ND AVE  
GAINESVILLE FL 32601

3. Date Incorporated or Qualified

03/10/1905

3a. Date of Last Report

04/28/1995

4. FEI Number

59-0137740

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

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

Signature, typed or printed name of registered agent and state if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

1.1 TITLE ☐ DELETE

NAME COLSON, B R

STREET ADDRESS 215 SE 2ND AVE.

CITY-ST-ZIP GAINESVILLE FL

1.2 TITLE ☐ DELETE

NAME WHITEHEAD, M.C.

STREET ADDRESS 923 N.W. 21ST. TERR.

CITY-ST-ZIP GAINESVILLE FL

1.3 TITLE ☐ DELETE

NAME MARTIN, WAYNE L.

STREET ADDRESS 215 SE 2ND AVE.

CITY-ST-ZIP GAINESVILLE FL

1.4 TITLE ☐ DELETE

NAME BROOKER, DON

STREET ADDRESS 215 SE 2ND AVE.

CITY-ST-ZIP GAINESVILLE FL

1.5 TITLE ☐ DELETE

NAME BROOKER, MARVIN A. JR.

STREET ADDRESS 215 SE 2ND AVE.

CITY-ST-ZIP GAINESVILLE FL

1.6 TITLE ☐ DELETE

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 ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

Vice President + Treasurer  
Brooker, Don  
2632 NW 43rd Street, Bld 2  
Gainesville, FL 32606

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/7/96

Date

(352) 336-0440

Daytime Phone #

CR2E034 (12/95)