

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 | 26 |
| State, Apt. #, etc. | State, Apt. #, etc. |
| 22 | 27 |
| City & State | City & State |
| 23 | 28 |
| Zip | Zip |
| 24 | 29 |
| Country | Country |

| | | | |
|---|---|--------------------------------|----------------|
| 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 | <input type="checkbox"/> | \$8.75 Additional Fee Required | |
| 6. Election Campaign Financing Trust Fund Contribution | <input type="checkbox"/> | \$5.00 May Be Added to Fees | |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | |

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

| | |
|----|--|
| B1 | Name |
| B2 | Street Address (P.O. Box Number is Not Acceptable) |
| B3 | |
| B4 | City |
| B5 | 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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|------------------------------------|---|--|
| TITLE | D <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | COLSON, B R | 1.2 NAME | |
| STREET ADDRESS | 215 SE 2ND AVE. | 1.3 STREET ADDRESS | |
| CITY - ST - ZIP | GAINESVILLE FL | 1.4 CITY - ST - ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | WHITEHEAD, M.C. | 2.2 NAME | |
| STREET ADDRESS | 923 N.W. 21ST. TERR. | 2.3 STREET ADDRESS | |
| CITY - ST - ZIP | GAINESVILLE FL | 2.4 CITY - ST - ZIP | |
| TITLE | P <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MARTIN, WAYNE L. | 3.2 NAME | |
| STREET ADDRESS | 215 SE 2ND AVE. | 3.3 STREET ADDRESS | |
| CITY - ST - ZIP | GAINESVILLE FL | 3.4 CITY - ST - ZIP | |
| TITLE | VP <input type="checkbox"/> DELETE | 4.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BROOKER, DON | 4.2 NAME | Vice President + Treasurer |
| STREET ADDRESS | 215 SE 2ND AVE. | 4.3 STREET ADDRESS | Brooker, Don |
| CITY - ST - ZIP | GAINESVILLE FL | 4.4 CITY - ST - ZIP | 2632 NW 43rd Street, Bld 2 |
| TITLE | S <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BROOKER, MARVIN A. JR. | 5.2 NAME | Gainesville, FL 32606 |
| STREET ADDRESS | 215 SE 2ND AVE. | 5.3 STREET ADDRESS | |
| CITY - ST - ZIP | GAINESVILLE FL | 5.4 CITY - ST - ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | ZYLINSKI, PATRICIA | 6.2 NAME | |
| STREET ADDRESS | 3604 NW 30TH PLACE | 6.3 STREET ADDRESS | |
| CITY - ST - ZIP | GAINESVILLE FL | 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 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: _____ 2/7/96 (352) 336-0440
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)