

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

FILED
Apr 23 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

3. Date incorporated or Qualified
03/10/1905

4. FEI Number
59-0137740

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 owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent

MICHAEL W. CONWAY
2807 REMINGTON GREEN CIR.
TALLAHASSEE FL 32308

10. Name and Address of New Registered Agent

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City **FL** **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

TITLE	PD <input type="checkbox"/> DELETE
NAME	MICHAEL W. CONWAY
STREET ADDRESS	2807 REMINGTON GREEN CIR.
CITY-ST-ZIP	TALLAHASSEE FL
TITLE	EVPD <input type="checkbox"/> DELETE
NAME	BART RILEY
STREET ADDRESS	215 S.E. SECOND AVE.
CITY-ST-ZIP	GAINESVILLE FL
TITLE	VP <input type="checkbox"/> DELETE
NAME	WAYNE L. MARTIN
STREET ADDRESS	215 SE 2ND AVE.
CITY-ST-ZIP	GAINESVILLE FL
TITLE	ST <input checked="" type="checkbox"/> DELETE
NAME	KAREN TILLMAN
STREET ADDRESS	215 S.E. SECOND AVE.
CITY-ST-ZIP	GAINESVILLE FL
TITLE	D <input type="checkbox"/> DELETE
NAME	JOHN N. CASBON
STREET ADDRESS	510 BIENVILLE ST.
CITY-ST-ZIP	NEW ORLEANS LA
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	ST <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Billye Zeigler
1.3 STREET ADDRESS	2807 Remington Green Circle
1.4 CITY-ST-ZIP	Tallahassee, FL 32308
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 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: *Michael W. Conway* **Michael W. Conway 4/9/98 850-422-1540**

CR2E034 (10/97)