

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 03, 1999 8:00 am
Secretary of State

05-03-1999 90090 022 ***150.00

DOCUMENT # 011196

1. Corporation Name

TITLE & TRUST COMPANY OF FLORIDA

Principal Place of Business

1901 W. COLONIAL DRIVE
ORLANDO FL 32804

Mailing Address

1700 MARKET ST
22ND FL
PHILADELPHIA PA 19103
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/22/1992

4. FEI Number

59-0482980

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☐

☐

No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 101 Gateway Centre Pkwy

Suite, Apt. #, etc.

27 Gateway One

28 City & State

Richmond, VA

29 Zip

23235

Country

30 USA

9. Name and Address of Current Registered Agent

SMITH, JAMES W
1901 W COLONIAL DR
ORLANDO FL 32804

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	CD	<input checked="" type="checkbox"/> DELETE
NAME	WENDER, HERBERT	
STREET ADDRESS	1700 MARKET ST 22ND FL	
CITY-ST-ZIP	PHILADELPHIA PA	
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	WENDER, HERBERT	
STREET ADDRESS	1700 MARKET ST	
CITY-ST-ZIP	PHILADELPHIA PA 19103	
TITLE	DSVP	<input type="checkbox"/> DELETE
NAME	RAPP, JOHN P.	
STREET ADDRESS	1700 MARKET ST 22ND FL	
CITY-ST-ZIP	PHILADELPHIA PA	
TITLE	SVPD	<input type="checkbox"/> DELETE
NAME	TISCHLER, JEFFREY	
STREET ADDRESS	1700 MARKET ST 22ND FL	
CITY-ST-ZIP	PHILADELPHIA PA	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	LYNCH, JAMES J. D. JR.	
STREET ADDRESS	1700 MARKET ST 22ND FL	
CITY-ST-ZIP	PHILADELPHIA PA 19103	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	GLASSBERG, DAVID E	
STREET ADDRESS	1700 MARKET ST 22ND FL	
CITY-ST-ZIP	PHILADELPHIA PA	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Janet A. Alpert	
1.3 STREET ADDRESS	101 Gateway Centre Pkwy, Gateway One	
1.4 CITY-ST-ZIP	Richmond, VA 23235	
2.1 TITLE	VP, S, D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	W. Riker Purcell	
2.3 STREET ADDRESS	101 Gateway Centre Pkwy, Gateway One	
2.4 CITY-ST-ZIP	Richmond, VA 23235	
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Russell W. Jordan, III	
3.3 STREET ADDRESS	101 Gateway Centre Pkwy, Gateway One	
3.4 CITY-ST-ZIP	Richmond, VA 23235	
4.1 TITLE	EVP, D, CFO, AND CAO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS	101 Gateway Centre Pkwy, Gateway One	
4.4 CITY-ST-ZIP	Richmond, VA 23235	
5.1 TITLE	SVP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Wayne L. Levins	
5.3 STREET ADDRESS	1901 West Colonial Drive	
5.4 CITY-ST-ZIP	Orlando, FL 32804	
6.1 TITLE	DVP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	James W. Smith	
6.3 STREET ADDRESS	1901 West Colonial Drive	
6.4 CITY-ST-ZIP	Orlando, FL 32804	

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, with all other like empowered.

SIGNATURE:

WENDER, HERBERT
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/99

Date

Daytime Phone #

(804) 267-8330

CR2E034 (11/98)