

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
Mar 30, 1999 8:00 am
Secretary of State

03-30-1999 90050 034 ***150.00

DOCUMENT # 015288

1. Corporation Name

FLORIDA SOUTHERN ABSTRACT & TITLE COMPANY

Principal Place of Business

6630 W. BROAD ST.
P.O. BOX 27567
RICHMOND VA 23261

Mailing Address

6630 W. BROAD ST.
P.O. BOX 27567
RICHMOND VA 23261

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/26/1925

4. FEI Number

59-0248130

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 owes the current year Intangible
Personal Property Tax.

☐ Yes ☒ No

2. Principal Place of Business

21 101 Gateway Centre Pkwy

Suite, Apt. #, etc.

22 Gateway One

City & State

23 Richmond, VA

Zip Country

24 23235-5153 25

2a. Mailing Address

26 101 Gateway Centre Pkwy

Suite, Apt. #, etc.

27 Gateway One

City & State

28 Richmond, VA

Zip Country

29 23235-5153 30

9. Name and Address of Current Registered Agent

MILEY, LLOYD R.
10500 UNIVERSITY DR., STE. 200
TAMPA FL 33612

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 PD ☒ DELETE

NAME FOSTER, CHARLES H, JR.

STREET ADDRESS 6630 W BROAD ST.

CITY-ST-ZIP RICHMOND, VA 00000

TITLE VD ☒ DELETE

NAME BLANCHARD, JOHN R

STREET ADDRESS 6630 W BROAD ST

CITY-ST-ZIP RICHMOND, VA 00000

TITLE STD ☐ DELETE

NAME EVANS, G. WILLIAM

STREET ADDRESS 6630 W BROAD ST,

CITY-ST-ZIP RICHMOND, VA 00000

TITLE ATS ☐ DELETE

NAME RAMOS, RONALD B

STREET ADDRESS 6630 W BROAD ST

CITY-ST-ZIP RICHMOND, VA 00000

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D/P ☐ Change ☒ Addition

1.2 NAME Alpert, Jan A.

1.3 STREET ADDRESS 101 Gateway Centre Pkwy, Gateway One

1.4 CITY-ST-ZIP Richmond, VA 23235-5153

2.1 TITLE VP/S/D ☐ Change ☒ Addition

2.2 NAME Carter, John M.

2.3 STREET ADDRESS 101 Gateway Centre Pkwy, Gateway One

2.4 CITY-ST-ZIP Richmond, VA 23235-5153

3.1 TITLE D ☒ Change ☐ Addition

3.2 NAME Evans, G. William

3.3 STREET ADDRESS 101 Gateway Centre Pkwy, Gateway One

3.4 CITY-ST-ZIP Richmond, VA 23235-5153

4.1 TITLE T/AS ☒ Change ☐ Addition

4.2 NAME Ramos, Ronald B.

4.3 STREET ADDRESS 101 Gateway Centre Pkwy, Gateway One

4.4 CITY-ST-ZIP Richmond, VA 23235-5153

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-19-99

Date

804-267-8000

Daytime Phone #

CR2E034 (11/98)