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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Morthani

Scoretary of State
DIVISION OF CORPORATIONS

1996

DOCUMENT # 113526

1. Corporation Name

(8)

FILED 96 MAY 10 PM 3:56 SECRETARY OF STATE TALLAHASSEE, FLORIDA



THE I	FIDEL	ITY	TITLE	AND	LOAN	COMPANY
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Principal Place of Business		Mailing Abdress				
60 NORTH COURT AVENUE P.O. BOX 3431 ORLANDO FL 32802		60 NORTH COURT P.O. BOX 3431 ORLANDO FL 3280				
				3. Date Incorporated or Qualified 01/01/1899	3. Date Incorporated or Qualified 3a. Date of Last Report 01/01/1899 05/01/1995	
2. Principal Pla	ace of Business	2a. Mailing Address		4. FEI Number	Applied For	
21		26		59-0241345 Not Applicable		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired See Required \$8.75 Additional Fee Required		
City & State		City & State		Election Campaign Financing Trust Fund Contribution		
Zip	Country	Zip	Country	8. This corporation has liability fo	r intangible tax under s. 199.032,	
24	25	29	30	Florida Statutes	s 🗌 No	
	9. Name and Address of Currer	nt Registered Agent	81 Nam	10. Name and Address of New	Registered Agent	
	COURT ST. NDO FL 32801		83	t Address (P.O. Box Number is Not Accepta	001821 04 9 4/9601119010	
			84 City	****	25.00	
or register	o the provisions of Sections 607.050; ed agent, or both, in the State of Flori th, and accept the obligations of, Sect	ida. Such change was author	zed by the corporation	corporation, submits this statement for the p is board of directors. Thereby accept the ap	urpose of changing its registered office pointment as registered agent. I am	
SIGNATURE	Signature, typed or printed name of registered agen	Land too capps at $e=-i\hbar$	a. NE. Flagsalovod Agent signalov	Seguns I when renalating	DATE	
12.		ID DIRECTORS	13.	ADDITIONS/CHANGES TO OF	LICERS AND DIRECTORS IN 12	
TITLE	PD	DOLETE	1 : II*LE		Change Addition	
NAME	BEARDALL, WILLIAM H		1.2 NAME			
STREET ADDRESS	2516 SHREWSBURY RD		1.3 STREET ADDRESS	,		
CITY - ST - ZIP	ORLANDO FL		1.4 CITY - \$1 - ZIP			
TITLE	D	☐ DELETE	2 1 TITLE	V/S/D	🔀 Change 🔲 Addition	
NAME	MCLEOD, LAURA B		2.2 NAME			
STREET ADDRESS	930 TEXAS AVE		2.3 STHEET ADDRESS	,		

ORLANDO FL 2.4 CHTY - \$1 - ZIP CHTY - ST - ZIP X) DELETE V/T/D TITLE SD 3 1 10 LE Change X Addition BAUCHLE, CARL T. JOHN F. BEARDALL 3.2 NAME 5470 BRACKEN CT. 317 East Amelia Ave. STREET ADDRESS 3.3 STREET ADDRESS WINTER PARK FL Orlando, FL 32801 CITY-ST-ZIP 3 4 CiTY - ST - ZiP DELETE ☐ Change TITLE 4 1 TIFLE ☐ Addition NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADORESS 4.4 CITY - \$1 | Z:P CITY-ST-ZIP DELETE Change ☐ Addition TITLE 5 1 TI'LE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP CITY - ST - ZIP DELETE Change Addition 6 1 TIFLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST ZIP

14. I do hereby certify that the information supplied with this fing 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 armust report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the corporation or the receiver or trustuc empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changes, or on an attuchment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO
WILLIAM H. Beardall

5/7/96 (407) 425-1626

CR2F034 (12/9