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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

FILED Jan 23 1997 8:00am Secretary of State

| DOCUMENT # 157436 1. Corporation Name: # 157436 HALIFAX TITLE COMPANY Principal Place of Business Mailing Address 011-C WEST 23RD ST. P. O. BOX 2483 DOCUMENT # 157436 (7) Mailing Address 011-C WEST 23RD ST. P. O. BOX 2483 | | | | | | |
|---|--|--|---|--|--|--|
| PANAMA CIT | Y FL 32402 | PANAMA CITY FL 32402-2 | 493 | 3. Date Incorporated or Qualified | 3a. Date of Last Report | |
| 2. Principal | Place of Business | 2a. Mailing Address | | 03/11/1949 4. FEI Number | 04/29/1996 Applied For | |
| ī] | | 26 | | 59-0609427 | Not Applicable | |
| Suite, Api | l #, etc | State, Apt. #, etc. | | 5. Certificate of Status Desired | \$8.75 Additional | |
| City & Sta | ile | City & State | | 6. Election Campaign Financing | \$5.00 May Be | |
| <u> </u> | | 28 | | Trust Fund Contribution | Added to Fees | |
| <i>Z</i> ip | Country 25 | Z ₁ p ₁ | Country 30 | 8. This corporation has liability for Florida Statutes | intangible tax under s. 199.032, ☐ Yes ☐ No | |
| | 9. Name and Address of Currer | nt Registered Agent | | 10. Name and Address of New Re | egistered Agent | |
| | RISP, DONALD R | | 81 Name | | | |
| 011 W. 23 STREET | | | 82 Street Add | eel Address (P.O. Box Number is Not Acceptable) | | |
| PA | NAMA CITY FL | | 83 | | | |
| | | | 84 City | | 85 Zip Code | |
| | | | 84 City | | FL 85 Zip Code | |
| 1 2 . | | encia di tele if applicable (NON ID DIRECTORS DELETE | Registered Agent signature requirements 13. 1.1 TITLE | ured when re-instating) ADDITIONS/CHANGES TO OFFI | CERS AND DIRECTORS IN 12 Change Addition | |
| AME | CD CRISP, DONALD R | become | 1.2 NAME | | C Ordings C Producti | |
| REET ADDRESS | | | 1 3 STREET ADDRESS | | | |
| 17 - ST - ZIP | LYNN HAVEN FL | | 1.4 CITY- ST-ZIP | | | |
| TLE | STD | DELETE | 2 1 TITLE | | ☐ Change ☐ Additio | |
| AME | MEDLOCK, G.W. | | 2 2 NAME | | | |
| TREET ADURES: | 1 10 11011111100001111010 | | 2 3 STREET ADDRESS | ** | 4 | |
| ITY-SE-ZP TLE | PANAMA CITY FL DP | DELETE | 2. 4 C(TY - ST - ZIP 3.1 T(TLE | | Change Additio | |
| AME | HENDERSON, DONALD C. | | 3.2 NAME | | | |
| TREET ADORESS | | | 3 3 STREFT ADDRESS | | | |
| 11 t - \$1 - 2IP | TALLAHASSEE FL | | 3 4. CITY - ST - ZIP | | | |
| ITLF | VO | DELETE | 4.1 TITLE | | ☐ Change ☐ Additio | |
| 4ME | RAY, CRISP D JR | | 4. 2 NAME | | | |
| IREET ADDRESS | 100 0/11000/// 0/// | | 4.3 STREET ADDRESS | | | |
| TY - ST - ZIP | PANAMA CITY FL | The same | 4.4 CITY-ST-ZIP | | TALLET TELEVISION | |
| ll E | | ☐ DELETE | 51 TITLE | | Change Additio | |
| AME .ncct Adminisee | | | 5.2 NAME | | | |
| TREET ADDRESS | | | 5.3 STREET ADDRESS | | | |
| TY-ST-Z <i>i</i> Tle | | ☐ D£LETE | 5.4 CITY-ST-ZIP 6.1 TITLE | | Change Additio | |
| MF . | | bound over the par | 62 NAME | | Looning | |
| TREET ADOMESS | s) | | 6.3 STREET ADDRESS | | | |
| TY-S*-ZIP | | | 6.4 CITY - ST - ZIP | | | |
| | where positive treat they inference being somewhat | of with this filing does not qualit | | ed in Section 119 07(3)(i) Florida Statut | on I further certify that the | |

Too necesy secury that the information supplied with his mining does not quality for the exemption stated in Section 118.07(3)(f). Florida Statutes, I further certify that the information indicated on this annual report as 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 couporation of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 or Block 13 or an appear of the couporation of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

SIGNATURE:

DONALD R. CRISP

1/9/97

904 763-2399