

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

DOCUMENT # 157436

1. Corporation Name
HALIFAX TITLE COMPANY

Principal Place of Business
**011-C WEST 23RD ST.
P. O. BOX 2493
PANAMA CITY FL 32402**

Mailing Address
**011-C WEST 23RD ST.
P. O. BOX 2493
PANAMA CITY FL 32402**

FILED
Mar 10, 1999 8:00 am
Secretary of State

03-10-1999 90224 005 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
03/11/1949

4. FEI Number
59-0609427

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 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

9. Name and Address of Current Registered Agent

**CRISP, DONALD R
011 W. 23 STREET
PANAMA CITY FL**

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
NAME
STREET ADDRESS
CITY-ST-ZIP
**CD
CRISP, DONALD R
~~2183 BRIARWOOD CIRCLE~~
PANAMA CITY FL 32405**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**STD
MEDLOCK, G.W.
710 HUNTINGDON ROAD
PANAMA CITY FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DP
HENDERSON, DONALD C.
353 HUNTERS CROSSING
TALLAHASSEE FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VD
~~RAY, CRISP D JR~~
~~139 CANDLEWICK CIR~~
PANAMA CITY FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
011 C W. 23rd STREET

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
**CRISP JR., D. RAY
011 C W. 23rd STREET
32405**

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
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:

Donald R. Crisp

3-5-99

(850)763-2399

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)