

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **178092** (3)

1. Corporation Name

FLORIDA TITLE & PARTNERS, INC.



Principal Place of Business

**1300 RIVERPLACE BLVD
SUITE 610
JACKSONVILLE FL 32207
US**

Mailing Address

**1300 RIVERPLACE BLVD
SUITE 610
JACKSONVILLE FL 32207
US**

3. Date Incorporated or Qualified
04/03/1954

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BURPEE A.L. JR
1300 RIVERPLACE BLVD
SUITE 610
JACKSONVILLE FL 32207**

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	P	<input type="checkbox"/> DELETE
NAME	BURPEE, A L JR	
STREET ADDRESS	1300 GULF LIFE DR	
CITY - ST - ZIP	JACKSONVILLE, FL 00000	
TITLE	VS	<input type="checkbox"/> DELETE
NAME	BRANNEN, W M	
STREET ADDRESS	1300 GULF LIFE DR	
CITY - ST - ZIP	JAX, FL 00000	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	LYERLY, JEAN B.	
STREET ADDRESS	1300 GULF LIFE DR	
CITY - ST - ZIP	JACKSONVILLE, FL 00000	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	TOWERS, C.D. JR.	
STREET ADDRESS	1300 GULF LIFE DR.	
CITY - ST - ZIP	JACKSONVILLE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LYLE, M.L.	
STREET ADDRESS	3555 RIVERSIDE AVE.	
CITY - ST - ZIP	JACKSONVILLE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	A. L. Burpee, Jr.	
1.3 STREET ADDRESS	1300 Riverplace Boulevard, Suite 610	
1.4 CITY - ST - ZIP	Jacksonville, FL 32207	
2.1 TITLE	VS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	W. M. Brannen	
2.3 STREET ADDRESS	1300 Riverplace Boulevard, Suite 610	
2.4 CITY - ST - ZIP	Jacksonville, FL 32207	
3.1 TITLE	DV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Jean B. Lyerly	
3.3 STREET ADDRESS	1300 Riverplace Boulevard, Suite 610	
3.4 CITY - ST - ZIP	Jacksonville, FL 32207	
4.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	C. D. Towers, Jr.	
4.3 STREET ADDRESS	1300 Riverplace Boulevard, Ste. 610	
4.4 CITY - ST - ZIP	Jacksonville, FL 32207	
5.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	M. L. Lyle	
5.3 STREET ADDRESS	1300 Riverplace Boulevard, Ste. 610	
5.4 CITY - ST - ZIP	Jacksonville, FL 32207	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. I do hereby certify that the information supplied with this filing 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 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.

SIGNATURE:

W. M. Brannen W. M. Brannen

4/19/96

904 396-1010

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034 (12/95)