

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 # 256701 (4)

1. Corporation Name

WEST PENINSULAR TITLE COMPANY



Principal Place of Business

**2807 W. BUSCH BLVD.
SUITE 202
TAMPA FL 33618
US**

Mailing Address

**2807 W. BUSCH BLVD.
SUITE 202
TAMPA FL 33618
US**

3. Date Incorporated or Qualified

03/07/1962

3a. Date of Last Report

04/27/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

24 Country

28 Zip

29 Country

4. FEI Number

59-1008840

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 has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

**ANDREWS, JANA
2807 W. BUSCH BLVD.
SUITE 202
TAMPA FL 33618**

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 based on professional strategies, and for the corporation

Signature of Registered Agent required when reinstating

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

1.1 TITLE ☐ Change ☐ Addition

NAME **P ANDREWS, JAMES H.**
STREET ADDRESS **2807 W BUSCH BLVD SUITE 202**
CITY-STATE-ZIP **TAMPA FL**

1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-STATE-ZIP

TITLE ☐ DELETE

2.1 TITLE ☐ Change ☐ Addition

NAME **S ANDREWS, KAREN P**
STREET ADDRESS **2807 W BUSCH BLVD SUITE 202**
CITY-STATE-ZIP **TAMPA FL**

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-STATE-ZIP

TITLE ☐ DELETE

3.1 TITLE ☐ Change ☐ Addition

NAME **V HABER, GENE**
STREET ADDRESS **2807 W BUSCH BLVD SUITE 202**
CITY-STATE-ZIP **TAMPA FL**

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP

TITLE ☐ DELETE

4.1 TITLE ☒ Change ☐ Addition

NAME **VT ANDREWS, JANA**
STREET ADDRESS **2807 W BUSCH BLVD SUITE 202**
CITY-STATE-ZIP **TAMPA FL**

4.2 NAME **ANDREWS, JANA**
4.3 STREET ADDRESS **2807 W. BUSCH BLVD. ST 202**
4.4 CITY-STATE-ZIP **Tampa, FL 33618**

TITLE ☐ DELETE

5.1 TITLE ☐ Change ☐ Addition

NAME

5.2 NAME

STREET ADDRESS

5.3 STREET ADDRESS

CITY-STATE-ZIP

5.4 CITY-STATE-ZIP

TITLE

6.1 TITLE

NAME

6.2 NAME

STREET ADDRESS

6.3 STREET ADDRESS

CITY-STATE-ZIP

6.4 CITY-STATE-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:

Karen Andrews
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

KAREN ANDREWS

1/23/96
DATE

(813) 932-8499
Daytime Phone

CR2E034 (12/95)