

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # 294858 (6)

1. Corporation Name

TAMiami ABSTRACT AND TITLE COMPANY



Principal Place of Business

Mailing Address

2199 RINGLING BLVD.  
P.O. BOX 610  
SARASOTA FL 34230

2199 RINGLING BLVD.  
P.O. BOX 610  
SARASOTA FL 34230

3. Date Incorporated or Qualified	3a. Date of Last Report
07/02/1965	04/27/1995
4. FEI Number	Applied For
59-1098094	Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business

2a. Mailing Address

21

26

P. O. BOX 27567

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

RICHMOND, VA

Zip

Country

Zip

Country

24

25

29

23261

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SLOAN, F. LINTON, JR.  
100 N TAMPA STREET  
SUITE 2050  
TAMPA FL 33602

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	CD	<input type="checkbox"/> DELETE
NAME	FOSTER, CHARLES H.JR.	
STREET ADDRESS	6630 W. BROAD ST.	
CITY-STATE-ZIP	RICHMOND VA	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	ALPERT, JANET A.	
STREET ADDRESS	6630 W. BROAD ST.	
CITY-STATE-ZIP	RICHMOND VA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KEITH, CHARLES W	
STREET ADDRESS	6630 W. BROAD ST.	
CITY-STATE-ZIP	RICHMOND VA	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	JORDAN, RUSSELL W., III	
STREET ADDRESS	6630 W. BROAD ST.	
CITY-STATE-ZIP	RICHMOND VA	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	EVANS, G. WILLIAM	
STREET ADDRESS	6630 W. BROAD ST.	
CITY-STATE-ZIP	RICHMOND VA	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-STATE-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-STATE-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-STATE-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-STATE-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-STATE-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RUSSELL W. JORDAN, III

Date

Daytime Phone #

804-281-6793

CR2E034 (12/95)