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**Mar 30, 1999 8:00 am**  
**Secretary of State**

03-30-1999 90047 039 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # 294858

1. Corporation Name  
**TAMIAMI ABSTRACT AND TITLE COMPANY**



Principal Place of Business Mailing Address  
 2199 RINGLING BLVD. P.O. BOX 27567  
 P.O. BOX 610 RICHMOND VA 23261  
 SARASOTA FL 34230 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	101 Gateway Centre Pkwy.	26		07/02/1965	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22	Gateway One	27		59-1098094	
City & State		City & State		Applied For	
23	Richmond, VA	28		Not Applicable	
Zip Country		Zip Country		5. Certificate of Status Desired	
24	23235-5153	29		<input type="checkbox"/> \$8.75 Additional Fee Required <input type="checkbox"/> \$5.00 May Be Added to Fees	
25		30		8. This corporation owes the current year intangible Personal Property Tax.	
				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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

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 \_\_\_\_\_ (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		1.1 TITLE	C/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FOSTER, CHARLES H. JR.			1.2 NAME	Foster, Charles H. Jr.		
STREET ADDRESS	6630 W. BROAD ST.			1.3 STREET ADDRESS	101 Gateway Centre Pkwy, Gateway One		
CITY-ST-ZIP	RICHMOND VA			1.4 CITY-ST-ZIP	Richmond, VA 23235-5153		
TITLE	PD	<input type="checkbox"/> DELETE		2.1 TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ALPERT, JANET A.			2.2 NAME	Alpert, Janet A.		
STREET ADDRESS	6630 W. BROAD ST.			2.3 STREET ADDRESS	101 Gateway Centre Pkwy, Gateway One		
CITY-ST-ZIP	RICHMOND VA			2.4 CITY-ST-ZIP	Richmond, VA 23235-5153		
TITLE	D	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	KEITH, CHARLES W			3.2 NAME	Obzud, John M.		
STREET ADDRESS	6630 W. BROAD ST.			3.3 STREET ADDRESS	1901 W. Colonial		
CITY-ST-ZIP	RICHMOND VA			3.4 CITY-ST-ZIP	Orlando, FL 32804		
TITLE	SD	<input type="checkbox"/> DELETE		4.1 TITLE	S/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JORDAN, RUSSELL W., III			4.2 NAME	Jordan, Russell W., III		
STREET ADDRESS	6630 W. BROAD ST.			4.3 STREET ADDRESS	101 Gateway Centre Pkwy, Gateway One		
CITY-ST-ZIP	RICHMOND VA			4.4 CITY-ST-ZIP	Richmond, VA 23235-5153		
TITLE	TD	<input type="checkbox"/> DELETE		5.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	EVANS, G. WILLIAM			5.2 NAME	Evans, G. William		
STREET ADDRESS	6630 W. BROAD ST.			5.3 STREET ADDRESS	101 Gateway Centre Pkwy, Gateway One		
CITY-ST-ZIP	RICHMOND VA			5.4 CITY-ST-ZIP	Richmond, VA 23235-5153		
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME				6.2 NAME	Ramos, Ronald B.		
STREET ADDRESS				6.3 STREET ADDRESS	101 Gateway Centre Pkwy, Gateway One		
CITY-ST-ZIP				6.4 CITY-ST-ZIP	Richmond, VA 23235-5153		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: R. W. Jordan, III SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
 Date: 3-19-99 Daytime Phone #: 804.267-8000

CR2E034 (11/98)