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 # **359149** **(2)**

1. Corporation Name

STEWART TITLE OF JACKSONVILLE, INC.

Principal Place of Business	Mailing Address
245 E. ADAMS ST. 2ND FL. JACKSONVILLE FL 32202	245 E. ADAMS ST. 2ND FL. JACKSONVILLE FL 32202

3. Date Incorporated or Qualified: **02/05/1970**

3a. Date of Last Report: **03/20/1995**

4. FEI Number: **59-1285458** ☐ 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

2. Principal Place of Business	2a. Mailing Address
21 OLD MOROCCO BUILDING	26 OLD MOROCCO BUILDING
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 219 NEWNAN STREET	27 219 NEWNAN STREET
City & State	City & State
23 JACKSONVILLE FL	28 JACKSONVILLE FL
Zip 24 32202	Zip 29 32202
Country 25 DUVAL	Country 30 DUVAL

9. Name and Address of Current Registered Agent

HICKMAN HAROLD E
3401 W. CYPRESS ST., SUITE #202
TAMPA FL 33607

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 _____ DATE _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	☐ DELETE		☒ Change ☐ Addition
NAME	BALWIN, KEVIN			
STREET ADDRESS	245 E. ADAMS ST. 2ND FL.		3 STREET ADDRESS: OLD MOROCCO Bldg - 219 NEWNAN ST.	
CITY, ST, ZIP	JACKSONVILLE FL		4 CITY, ST, ZIP: Jacksonville FL 32202	
TITLE	D	☐ DELETE		☒ Change ☐ Addition
NAME	HICKMAN, HAROLD E			
STREET ADDRESS	3401 CYPRESS STREET, SUITE #202		23 STREET ADDRESS: OLD MOROCCO Bldg - 219 NEWNAN ST.	
CITY, ST, ZIP	TAMPA FL		24 CITY, ST, ZIP: Jacksonville FL 32202	
TITLE	SEC	☒ DELETE		☐ Change ☐ Addition
NAME	SNYDER, JUDITH			
STREET ADDRESS	245 E. ADAMS ST. 2ND FL.			
CITY, ST, ZIP	JACKSONVILLE FL			
TITLE		☐ DELETE		☐ Change ☐ Addition
NAME				
STREET ADDRESS				
CITY, ST, ZIP				
TITLE		☐ DELETE		☐ Change ☐ Addition
NAME				
STREET ADDRESS				
CITY, ST, ZIP				
TITLE		☐ DELETE		☐ Change ☐ Addition
NAME				
STREET ADDRESS				
CITY, ST, ZIP				

CR2E034 (12/95)

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)(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.

SIGNATURE: _____ 2-14-96 (904)356-6733

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #