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 # **375084** **(1)**

1. Corporation Name

STEWART TITLE OF ORANGE COUNTY, INC.

Principal Place of Business	Mailing Address
718 GARDEN PLAZA **ORLANDO FL 32803**	**718 GARDEN PLAZA** **ORLANDO FL 32803**

3. Date Incorporation or Qualified: **01/06/1971**

3a. Date of Last Report: **04/20/1995**

4. FEI Number: **59-1313425** ☐ 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

2. Principal Place of Business	2a. Mailing Address
21	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

HICKMAN, HAROLD, % STEWART TITLE OF TMPA
3401 W. CYPRESS, 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 607.0505 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. The 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	AVP	☐ DELETE	11 TITLE	☐ Change ☐ Addition
NAME	O'BRYAN, MARCIA		12 NAME	
STREET ADDRESS	718 GARDEN PLAZA		13 STREET ADDRESS	
CITY, ST, ZIP	ORLANDO, FL 00000		14 CITY, ST, ZIP	
TITLE	V	☐ DELETE	21 TITLE	☐ Change ☐ Addition
NAME	COOPER, GARY J.		22 NAME	
STREET ADDRESS	718 GARDEN PLAZA		23 STREET ADDRESS	
CITY, ST, ZIP	ORLANDO FL		24 CITY, ST, ZIP	
TITLE	P	☐ DELETE	31 TITLE	☐ Change ☐ Addition
NAME	COBB, JOHN FLOYD		32 NAME	
STREET ADDRESS	718 GARDEN PLAZA		33 STREET ADDRESS	
CITY, ST, ZIP	ORLANDO, FL 00000		34 CITY, ST, ZIP	
TITLE	CD	☐ DELETE	41 TITLE	☐ Change ☐ Addition
NAME	HICKMAN, HAROLD		42 NAME	
STREET ADDRESS	3401W. CYPRESS, SUITE 202		43 STREET ADDRESS	
CITY, ST, ZIP	TAMPA FL		44 CITY, ST, ZIP	
TITLE	ST	☐ DELETE	51 TITLE	☐ Change ☐ Addition
NAME	CORLEY, CHRISSY L.		52 NAME	
STREET ADDRESS	718 GARDEN PLAZA		53 STREET ADDRESS	
CITY, ST, ZIP	ORLANDO FL		54 CITY, ST, ZIP	
TITLE		☐ DELETE	61 TITLE	☐ Change ☐ Addition
NAME			62 NAME	
STREET ADDRESS			63 STREET ADDRESS	
CITY, ST, ZIP			64 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 added on an attachment with an address.

SIGNATURE: Floyd Cobb 4/9/96 407-834-7831

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