

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 # 415123

1. Corporation Name

STEWART TITLE COMPANY OF SARASOTA, INC.

Principal Place of Business

Mailing Address

3530 Webber St  
PO Box 7877  
Sarasota, FL 34239

3530 Webber St  
PO Box 7877  
Sarasota, FL 34239

3. Date Incorporated or Qualified  
12/ 21/1972

3a. Date of Last Report  
04/18/95

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

4. FEI Number  
59-1434348

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

10. Name and Address of New Registered Agent

HICKMAN, HAROLD E.  
3401 W CYPRESS #101  
TAMPA, FL 33607

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

Sign and type or printed name of registered agent and the filer, if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE P  
NAME TUCKER, THOMAS M.  
STREET ADDRESS 5120 ESTATES CIRCLE  
CITY-ST-ZIP SARASOTA FL ☐ DELETE

TITLE D  
NAME HUSSEY, KEVIN M.  
STREET ADDRESS 4134 CENTRAL AVE  
CITY-ST-ZIP ST PETERSBURG FL ☐ DELETE

TITLE D  
NAME KNAPP, MAITLAND F.  
STREET ADDRESS 13670 LAKEPOINTE LANE  
CITY-ST-ZIP CLEARWATER FL ☐ DELETE

TITLE D  
NAME O'CONNELL, PHILIP J.  
STREET ADDRESS 521 HAVEN PT ROAD  
CITY-ST-ZIP TREASURE ISLAND FL ☐ DELETE

TITLE D  
NAME REAVES, VIRGINIA  
STREET ADDRESS 2401 ARDSON PLACE 403B  
CITY-ST-ZIP TAMPA FL ☐ DELETE

TITLE D  
NAME MOHLER, EUGENE A.  
STREET ADDRESS 3035 COUNTRYSIDE BLVD #17B  
CITY-ST-ZIP CLEARWATER FL ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

100001808281

-05/06/96--01018--003

\*\*\*200.00

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: KEVIN M. HUSSEY

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

042496

813-327-5775

CR2E034 (12/95)