

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 # 416799 (5)

1. Corporation Name

PALM COAST ABSTRACT & TITLE, INC.



Principal Place of Business

Mailing Address

EXECUTIVE OFFICE
PALM COAST FL 32151

EXECUTIVE OFFICE
PALM COAST FL 32151

3. Date Incorporated or Qualified
01/15/1973

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 14 OFFICE PARK DR.

26 14 OFFICE PARK DR.

4. FEI Number

13-2809333

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite 1

27 Suite 1

5. Certificate of Status Desired

\$8.75 Additional Fee Required

City, State

City & State

23 Palm Coast FL

28 Palm Coast FL

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

Zip

Country

Zip

Country

24 32137

25 USA

29 32137

30 USA

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

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

81 Name

Joseph H. Adams Jr.

82 Street Address (P.O. Box Number is Not Acceptable)

14 OFFICE PARK DR.

83

Suite 1

84 City

Palm Coast

FL

85 Zip Code

32137

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

Joseph H. Adams Jr. CHAIRMAN

3/7/96

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

OFFICERS AND DIRECTORS

TITLE	VT	<input checked="" type="checkbox"/> DELETE
NAME	ARMOUR, WILLIAM	
STREET ADDRESS	EXECUTIVE OFFICE, 1 CORPORATE DRIVE	
CITY-ST-ZIP	PALM COAST FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	ADAMS, JOSEPH JH. JR.	
STREET ADDRESS	EXECUTIVE OFFICE, 1 CORPORATE DRIVE	
CITY-ST-ZIP	PALM COAST FL	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	PRESTRIDGE, HERSHEL	
STREET ADDRESS	EXECUTIVE OFFICE, 1 CORPORATE DRIVE	
CITY-ST-ZIP	PALM COAST FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	CUFF, ROBERT G.	
STREET ADDRESS	EXECUTIVE OFFICE, 1 CORPORATE DRIVE	
CITY-ST-ZIP	PALM COAST FL	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	BRAUNSTEIN, RICHARD	
STREET ADDRESS	EXECUTIVE OFFICE, 1 CORPORATE DRIVE	
CITY-ST-ZIP	PALM COAST FL	
TITLE	AS	<input checked="" type="checkbox"/> DELETE
NAME	POWERS, RICHARD	
STREET ADDRESS	1330 AVE. OF THE OFFICE	
CITY-ST-ZIP	NEW YORK NY	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Pres.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Laura A. Leonardo	
1.3 STREET ADDRESS	14 OFFICE PARK DR. Suite 1	
1.4 CITY-ST-ZIP	Palm Coast FL 32137	
2.1 TITLE	Chairman	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Joseph H. Adams Jr.	
2.3 STREET ADDRESS	14 OFFICE PARK DR. Suite 1	
2.4 CITY-ST-ZIP	Palm Coast FL 32137	
3.1 TITLE	V.P. Sec. 1 Treas.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Russell Bryant	
3.3 STREET ADDRESS	14 OFFICE PARK DR. Suite 1	
3.4 CITY-ST-ZIP	Palm Coast, FL 32137	
4.1 TITLE	V.P.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Raymond H. Baugh	
4.3 STREET ADDRESS	14 OFFICE PARK DR. Suite 1	
4.4 CITY-ST-ZIP	Palm Coast, FL 32137	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-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:

Joseph H. Adams Jr.

3/7/96

9044450800

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #