

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Feb 27, 1999 8:00 am
Secretary of State

02-27-1999 90066 020 ***158.75

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DOCUMENT # 632200

1. Corporation Name

FIRST AMERICAN TITLE COMPANY OF FLORIDA, INC.

Principal Place of Business

2807 REMINGTON GREEN CIRCLE
TALLAHASSEE FL 32308
US

Mailing Address

2807 REMINGTON GREEN
TALLAHASSEE FL 32308
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/07/1979

4. FEI Number

59-2667930

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 2075 Centre Pointe Blvd.

2a. Mailing Address

26 2075 Centre Pointe Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 Tallahassee, FL

City & State

28 Tallahassee, FL

Zip

24 32308

Country

25

Zip

29 32308

Country

30

9. Name and Address of Current Registered Agent

CONWAY, MICHAEL
2807 REMINGTON GREEN CIRCLE
TALLAHASSEE FL 32308

10. Name and Address of New Registered Agent

81 Name

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

83 2075 Centre Pointe Blvd.

84 City

Tallahassee

FL

85 Zip Code
32308

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☒ DELETE
NAME CASBON, JOHN N
STREET ADDRESS 510 BIENVILLE ST
CITY-ST-ZIP NEW ORLEANS LA

TITLE PD ☐ DELETE
NAME CONWAY, MICHAEL
STREET ADDRESS 2807 REMINGTON GREEN CR.
CITY-ST-ZIP TALLAHASSEE FL

TITLE S ☒ DELETE
NAME RICKS, ALEX
STREET ADDRESS 255 N LIBERTY ST
CITY-ST-ZIP JACKSONVILLE FL

TITLE AS ☐ DELETE
NAME ZEIGLER, BILLYE H
STREET ADDRESS 2807 REMINGTON GREEN CIRCLE
CITY-ST-ZIP TALLAHASSEE FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE S ☐ Change ☒ Addition
1.2 NAME John T. LaJoie
1.3 STREET ADDRESS 2075 Centre Pointe Blvd.
1.4 CITY-ST-ZIP Tallahassee, FL 32308

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

(850) 402-4101

Daytime Phone #

CR2E034 (11/98)