


FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

APPROVED AND FILED

95 MAY -1 AM 11:30

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F64742 (2)

1. Corporation Name
ALDAY/DONALSON TITLE COMPANY, INC.

Principal Place of Business Mailing Address

**311 NOLAND DRIVE, SUITE D
P.O. BOX 2030
BRANDON FL 33511**

**311 NOLAND DRIVE, SUITE D
P.O. BOX 2030
BRANDON FL 33511**

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business 2a. Mailing Address

21 26

Suite, Apt. #, etc. Suite, Apt. #, etc.

22 27

City & State City & State

23 28

Zip Country Zip Country

24 25 29 30

3. Date Incorporated or Qualified 3a. Date of Last Report

01/26/1982 **02/23/1994**

4. FEI Number Applied For

59-2164749 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. 199.022, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

**ALDAY, THOMAS T., JR.
311 NOLAND DRIVE, SUITE D
BRANDON FL 33511**

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: _____ (NOTE: Registered Agent signature required when reconstituting) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	ALDAY, THOMAS T., JR.
STREET ADDRESS	311 NOLAND DR., SUITE DD
CITY - ST - ZIP	BRANDON FL
TITLE	VST
NAME	DONALSON, RONALD M.
STREET ADDRESS	311 NOLAND DR., SUITE D
CITY - ST - ZIP	BRANDON FL
TITLE	D
NAME	DONALSON, RONALD
STREET ADDRESS	311 NOLAND DR, SUITE D
CITY - ST - ZIP	BRANDON FL
TITLE	TSp
NAME	Becky M. Halcom
STREET ADDRESS	1320 S. Taylor Rd.
CITY - ST - ZIP	Seffner, FL 33584
TITLE	VD
NAME	Kathy M. Burgner
STREET ADDRESS	7904 George Washington Lane
CITY - ST - ZIP	Tampa, FL 33617

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	CD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY - ST - ZIP		
2.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE	Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
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)(b), 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Becky M. Halcom* 3-28-95 F13685-4576

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (System Form #)

Becky M. Halcom