

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

FILED
Apr 24 1996 8:00 am
Secretary of State

DOCUMENT # **F64742 (2)**

1. Corporation Name

ALDAY/DONALSON TITLE COMPANY, INC.



Principal Place of Business

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

Mailing Address

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

3. Date Incorporated or Qualified 01/26/1982	3a. Date of Last Report 05/01/1995
4. FEI Number 59-2164749	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input checked="" type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

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

Signature typed or printed in block of signatory and title, if applicable

Signature typed or printed in block of signatory and title, if applicable

(Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALDAY, THOMAS T., JR.	1.2 NAME	
STREET ADDRESS	311 NOLAND DR., SUITE DD	1.3 STREET ADDRESS	3925 Moores Lake Rd.
CITY - ST - ZIP	BRANDON FL	1.4 CITY - ST - ZIP	Dover, FL 33527
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DONALSON, RONALD M.	2.2 NAME	
STREET ADDRESS	311 NOLAND DR., SUITE D	2.3 STREET ADDRESS	16510 WB Pritchett Lane
CITY - ST - ZIP	BRANDON FL	2.4 CITY - ST - ZIP	Lutz, FL 33549
TITLE	DST <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	Becky M. Halcom
STREET ADDRESS		3.3 STREET ADDRESS	1320 S. Taylor Rd.
CITY - ST - ZIP		3.4 CITY - ST - ZIP	Seffner, FL 33584
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	Kathy M. Burgner
STREET ADDRESS		4.3 STREET ADDRESS	7904 George Washington Lane
CITY - ST - ZIP		4.4 CITY - ST - ZIP	Tampa, FL 33617
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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:

Becky M. Halcom
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

813 685-4576
Telephone #

CR2E034 (12/95)