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**May 09 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 33511-5721
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3. Date Incorporated or Qualified 01/26/1982	3a. Date of Last Report 04/24/1996
4. FEI Number 59-2164749	Applied For <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input 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 checked="" type="checkbox"/> No	

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

12. OFFICERS AND DIRECTORS

TITLE	CD	<input type="checkbox"/> DELETE
NAME	ALDAY, THOMAS T JR	
STREET ADDRESS	3925 MOORES LAKE RD	
CITY - ST - ZIP	DOVER FL 33527	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	DONALSON, RONALD M	
STREET ADDRESS	16510 WP PRITCHETT LANE	
CITY - ST - ZIP	LUTZ FL 33549	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	BURGNER, KATHY M	
STREET ADDRESS	7904 GEORGE WASHINGTON LANE	
CITY - ST - ZIP	TAMPA FL 33584	
TITLE	DST	<input type="checkbox"/> DELETE
NAME	HALCOM, BECKY M	
STREET ADDRESS	1320 S. TAYLOR RD.	
CITY - ST - ZIP	SEFFNER FL 33584	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	11401 W. Queensway Dr.
2.4 CITY - ST - ZIP	Temple Terrace, FL 33617
3.1 TITLE	<input 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 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.

SIGNATURE: *Becky M Halcom Sec. Treas* **Becky M. HALCOM Sec. Treas** Date: **4-14-97** Daytime Phone #: **813685-4574**

CR2E034 (9/96)