

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

FILED
May 04, 1999 8:00 am
Secretary of State

05-04-1999 90044 031 ***158.75

PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # F64742

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



DO NOT WRITE IN THIS SPACE

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

2. Principal Place of Business: 21 3925 MOORE LAKE ROAD
 2a. Mailing Address: 26 3925 MOORE LAKE ROAD

4. FEI Number: 59-2164749
 Applied For: Not Applicable

Suite, Apt. #, etc.: 22
 Suite, Apt. #, etc.: 27

5. Certificate of Status Desired: **\$8.75** Additional Fee Required

City & State: 23 ~~DOVER~~ DOVER FL
 City & State: 28 DOVER, FL

6. Election Campaign Financing Trust Fund Contribution: **\$5.00** May Be Added to Fees

Zip Country: 24 33527 USA
 Zip Country: 29 33527 USA

8. This corporation owes the current year Intangible Personal Property Tax: Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name: A. J. MUSIAL, JR.
 82 Street Address (P.O. Box Number is Not Acceptable): 4830 W. KENNEDY BLVD
 83 SUITE 750
 84 City: TAMPA FL 85 Zip Code: 33609

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: *A. J. Musial, Jr.* A. J. MUSIAL, JR. DATE: 4/15/99

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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	11401 W. QUEENSWAY DRIVE	
CITY-ST-ZIP	TEMPLE TERRACE FL 33617	
TITLE	DV	<input checked="" type="checkbox"/> DELETE
NAME	BURGNER, KATHY M	
STREET ADDRESS	7904 GEORGE WASHINGTON LANE	
CITY-ST-ZIP	TAMPA FL 33584	
TITLE	DST	<input checked="" 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		

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	PD S.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	DONALSON, RONALD M	
2.3 STREET ADDRESS	3502 BERGER ROAD	
2.4 CITY-ST-ZIP	LUTZ, FL 33549	
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 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]* SIGNATURE REQUIRED DATE: 4-27-99 DAYTIME PHONE #: 813 685-4576

CR2E034 (1/98)