

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # F68589

(3)

1. Corporation Name

REGIONAL TITLE COMPANY



Principal Place of Business

Mailing Address

C/O MARTHA BRYAN  
2015 S. FIRST STREET  
LAKE CITY FL 32055  
US

C/O MARTHA BRYAN  
2015 S. FIRST STREET  
LAKE CITY FL 32055  
US

2. Principal Place of Business

2a. Mailing Address

21 2015 S. First St.

26 P.O. Box 1672

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City, State

27 Lake City Fl.

23 Zip

28 32055

24 Country

29 Columbia

9. Name and Address of Current Registered Agent

BRYAN, MARTHA  
2015 S. FIRST STREET  
LAKE CITY FL 32055

81 Name

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

83

84 City

FL

85 Zip Code

3. Date Incorporated or Qualified

02/24/1982

3a. Date of Last Report

04/06/1995

4. FEI Number

59-2167893

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

10. Name and Address of New Registered Agent

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 the agent, and the corporation's

(Signature) Registered Agent's signature, when required

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME DV  
STREET ADDRESS GREENE, MURIEL  
503 OLUSTEE AVE.  
CITY - ST - ZIP LAKE CITY, FL 00000

TITLE ☐ DELETE

NAME DST  
STREET ADDRESS HADWIN, BONITA  
224 OAK STREET AVE  
CITY - ST - ZIP LAKE CITY, FL 00000

TITLE ☐ DELETE

NAME DP  
STREET ADDRESS BRYAN, MARTHA  
1414 BALI AVE.  
CITY - ST - ZIP LAKE CITY, FL 00000

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP

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

☐ Change ☐ Addition

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

8000001779619

04/15/96 01025-046

\*\*\*200.00

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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-17-95

904-752-1502

CR2E034 (12/95)