

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Mar 30, 1999 8:00 am
Secretary of State

03-30-1999 90050 035 ***150.00

DOCUMENT # F94000003555

1. Corporation Name LANDAMERICA ENVIRONMENTAL INSURANCE SERVICE AGENT
LAWYERS TITLE ENVIRONMENTAL INSURANCE SERVICE AG
ENCY, INC.

Principal Place of Business
P.O. BOX 27567
RICHMOND VA 23261

Mailing Address
P.O. BOX 27567
RICHMOND VA 23261



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 101 Gateway Centre Pkwy.

2a. Mailing Address

26 Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Gateway One

City & State

23 Richmond, VA

Zip Country

24 23235-5153 25

City & State

28

Zip Country

29 30

3. Date Incorporated or Qualified

07/07/1994

4. FEI Number

54-1706035

Applied For

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 owes the current year Intangible Personal Property Tax. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

SLOAN JR, F. LINTON
100 N. TAMPA STREET, STE 2050
TAMPA FL 33620-2050

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 name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
D	ALPERT, JANET A	6630 W BROAD STREET	RICHMOND VA	<input type="checkbox"/>
VD	GOODWYN JR, WILLIAM H	6630 W BROAD STREET	RICHMOND VA	<input checked="" type="checkbox"/>
PD	VAUGHAN, JEFFREY D	6630 W BROAD STREET	RICHMOND VA	<input checked="" type="checkbox"/>
S	PURCELL, W RIKER	6630 W BROAD STREET	RICHMOND VA	<input type="checkbox"/>
T	EVANS, G W	6630 W BROAD STREET	RICHMOND VA	<input checked="" type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
D	Alpert, Janet A.	101 Gateway Centre Pkwy, Gateway One	Richmond, VA 23235-5153	<input checked="" type="checkbox"/>	<input type="checkbox"/>
P/D	Saylors, Pamela K.	101 Gateway Centre Pkwy, Gateway One	Richmond, VA 23235-5153	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D	Campbell, Kathleen	101 Gateway Centre Pkwy, Gateway One	Richmond, VA 23235-5153	<input type="checkbox"/>	<input checked="" type="checkbox"/>
S	Purcell, W. Riker	101 Gateway Centre Pkwy, Gateway One	Richmond, VA 23235-5153	<input checked="" type="checkbox"/>	<input type="checkbox"/>
T	Ramos, Ronald B.	101 Gateway Centre Pkwy, Gateway One	Richmond, VA 23234-5153	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-19-99

Date

804-267-8000

Daytime Phone #

CR2E034 (1/1/98)