

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # F95000003177 (1)

1. Corporation Name

FIRST FIDELITY TITLE, INC.



Principal Place of Business

2020 CLUBHOUSE DR. PO BOX 5698
SUN CITY CENTER FL 33573-5698

Mailing Address

2020 CLUBHOUSE DR. PO BOX 5698
SUN CITY CENTER FL 33573-5698

3. Date Incorporated or Qualified

06/30/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-3321774

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FLINN, MILTON G
2020 CLUBHOUSE DR. PO BOX 5698
SUN CITY CENTER FL 33573-5698

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 the applicable

2006 Registered Agent signature required when terminating

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DC
NAME HOFFMAN, ALFRED JR
STREET ADDRESS 2020 CLUBHOUSE DR. PO BOX 5698
CITY-ST-ZIP SUN CITY CENTER FL 33573-5698 ☐ DELETE

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE DC
NAME ECKERMAN, DON E
STREET ADDRESS 2020 CLUBHOUSE DR. PO BOX 5698
CITY-ST-ZIP SUN CITY CENTER FL 33573-5698 ☐ DELETE

21 TITLE DC
22 NAME Ackerman, Don E.
23 STREET ADDRESS 2020 Clubhouse Dr P.O. Box 5698
24 CITY-ST-ZIP Sun city center FL 33573-5698 ☒ Change ☐ Addition

TITLE D
NAME PETER, E. L.
STREET ADDRESS 2020 CLUBHOUSE DR. PO BOX 5698
CITY-ST-ZIP SUN CITY CENTER FL 33573-5698 ☐ DELETE

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE PS
NAME STARKEY, JERRY L
STREET ADDRESS 2020 CLUBHOUSE DR. PO BOX 5698
CITY-ST-ZIP SUN CITY CENTER FL 33573-5698 ☐ DELETE

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE V
NAME FLINN, MILTON G
STREET ADDRESS 2020 CLUBHOUSE DR. PO BOX 5698
CITY-ST-ZIP SUN CITY CENTER FL 33573-5698 ☐ DELETE

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE T
NAME HOOD, THOMAS J
STREET ADDRESS 2020 CLUBHOUSE DR. PO BOX 5698
CITY-ST-ZIP SUN CITY CENTER FL 33573-5698 ☐ DELETE

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP ☐ Change ☐ Addition

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 in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature Florida #

CR2E034 (12/95)