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Mar 30, 1999 8:00 am
Secretary of State

03-30-1999 90047 038 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F96000000806

1. Corporation Name

MID-SOUTH TITLE CORPORATION

Principal Place of Business

6630 W. BROAD ST.
RICHMOND VA 23230

Mailing Address

6630 W. BROAD ST.
RICHMOND VA 23230

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/19/1996

4. FEI Number

62-0784718

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 owes the current year Intangible

Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 6363 Poplar Avenue

2a. Mailing Address

26 101 Gateway Centre Pkwy

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite 108 Centrum Bldg.

27 Gateway One

City & State

City & State

23 Memphis, TN

28 Richmond, VA

Zip Country

Zip Country

24 38119

25

29 23235-5153

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SLOAN, F. LINTON JR.
100 N. TAMPA ST., STE. 2050
TAMPA FL 33602-2050

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input type="checkbox"/> DELETE
NAME	FOSTER, CHARLES H JR.	
STREET ADDRESS	6630 W. BROAD ST.	
CITY-ST-ZIP	RICHMOND VA	

1.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Foster, Charles H. Jr.	
1.3 STREET ADDRESS	101 Gateway Centre Pkwy, Gateway One	
1.4 CITY-ST-ZIP	Richmond, VA 23235-5153	

TITLE	DP	<input type="checkbox"/> DELETE
NAME	ALPERT, JANET A	
STREET ADDRESS	6630 W. BROAD ST.	
CITY-ST-ZIP	RICHMOND VA	

2.1 TITLE	D/P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Alpert, Janet A.	
2.3 STREET ADDRESS	101 Gateway Centre Pkwy, Gateway One	
2.4 CITY-ST-ZIP	Richmond, VA 23235-5153	

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	KEITH, CHARLES W	
STREET ADDRESS	6630 W. BROAD ST.	
CITY-ST-ZIP	RICHMOND VA 23230	

3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Obzud, John M.	
3.3 STREET ADDRESS	1901 W. Colonial	
3.4 CITY-ST-ZIP	Orlando, FL 32804	

TITLE	S	<input type="checkbox"/> DELETE
NAME	PURCELL, W RIKER	
STREET ADDRESS	6630 W. BROAD ST.	
CITY-ST-ZIP	RICHMOND VA 23230	

4.1 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Purcell, W. Riker	
4.3 STREET ADDRESS	101 Gateway Centre Pkwy, Gateway One	
4.4 CITY-ST-ZIP	Richmond, VA 23235-5153	

TITLE	T	<input type="checkbox"/> DELETE
NAME	RAMOS, RONALD B	
STREET ADDRESS	6630 W. BROAD ST.	
CITY-ST-ZIP	RICHMOND VA 23230	

5.1 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Ramos, Ronald B.	
5.3 STREET ADDRESS	101 Gateway Centre Pkwy, Gateway One	
5.4 CITY-ST-ZIP	Richmond, VA 23235-5153	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
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: **W. R. Purcell**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-19-99

Date

804.267-8000

Daytime Phone #

CR2E034 (11/98)