

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 02, 2004 08:00 AM
Secretary of State

DOCUMENT # F97476

1. Entity Name
LAWYERS' TITLE SERVICES, INC.



Principal Place of Business
**6545 CORPORATE CENTRE BLVD
ORLANDO, FL 32822 US**

Mailing Address
**P.O. BOX 628600
ORLANDO, FL 32862-8600 US**



01212004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-0785530

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**KNOX, R. JAMES
6545 CORPORATE BLVD.
ORLANDO, FL 32822**

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

U000000031447
02/04/04-80151-003 150.00

**DO NOT WRITE
IN THIS SPACE**

TITLE PD
NAME KOVALESKI, CHARLES J.
STREET ADDRESS 4120 GABRIELLA LN
CITY-ST-ZIP WINTER PARK, FL

TITLE SD
NAME GAY, R. NORWOOD, III
STREET ADDRESS 6630 CONWAY LAKES DR.
CITY-ST-ZIP ORLANDO, FL 00000,

TITLE VTD
NAME JONES, JIMMY R.
STREET ADDRESS 3417 GRANT BLVD.
CITY-ST-ZIP ORLANDO, FL 00000,

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 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

R. Norwood Gay, III

Date

Daytime Phone #

1-22-04

900-275-6273