

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 07, 2005 08:00 AM
Secretary of State

DOCUMENT # G71951

1. Entity Name
STEWART TITLE OF TALLAHASSEE, INC.



Principal Place of Business
**3301 THOMASVILLE RD., STE 202
TALLAHASSEE, FL 32312-2941**

Mailing Address
**3301 THOMASVILLE RD., STE 202
TALLAHASSEE, FL 32312-2941**



01052005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2346097

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**HICKMAN, HAROLD
3401 W. CYPRESS ST.
TAMPA, FL 33607**

**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, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME DAVID ZIEN-ELDEN
STREET ADDRESS 3301 THOMASVILLE RD SUITE 202
CITY-ST-ZIP TALLAHASSEE, FL

TITLE VPSD
NAME BAILEY, RICHARD A.
STREET ADDRESS 1110 MONTLIMAR DR.
CITY-ST-ZIP MOBILE, AL

TITLE C
NAME HICKMAN, HAROLD
STREET ADDRESS 3401 W. CYPRESS ST.
CITY-ST-ZIP TAMPA, FL 33607

TITLE T
NAME MITCHEL, GLENDA
STREET ADDRESS 8220 WINDSOR WAY
CITY-ST-ZIP MOBILE, AL 36695

TITLE D
NAME LANCASTER, WHIT
STREET ADDRESS 3401 W. CYPRESS #202
CITY-ST-ZIP TAMPA, FL 33607

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000252875
03/07/05-80012-002 150.00

**DO NOT WRITE
IN THIS SPACE**

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

Date

Daytime Phone #

1/31/05

850-257-0940