

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # G71951

1. Entity Name

STEWART TITLE OF TALLAHASSEE, INC.



FILED
08 APR 11 PM 4:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

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

Mailing Address

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



04022008 No Chg-P CR2E034 (11/05)

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

DAVID ZEIN-ELDIN
3301 THOMASVILLE RD. #202
TALLAHASSEE, FL 32308

**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, 2008 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 ZEIN-ELDIN
STREET ADDRESS	3301 THOMASVILLE RD. #202
CITY-ST-ZIP	TALLAHASSEE, FL 32308
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	

000123068740
04/14/08--01004--001 **150.00

**DO NOT WRITE
IN THIS SPACE**

Handwritten signature/initials

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *[Handwritten Signature]*

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/08

Date

850-422-2560

Daytime Phone #