

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUN -1 AM 10:59

DOCUMENT # **H56135**

(7)

1. Corporation Name

THE TITLE COMPANY, INC.

Principal Place of Business

**521 SOUTH PAULA DRIVE
P.O. BOX 2174
DUNEDIN FL 34698**

Mailing Address

**521 SOUTH PAULA DRIVE
P.O. BOX 2174
DUNEDIN FL 34698**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/09/1985

3a. Date of Last Report

03/08/1994

4. FEI Number

59-2528340

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

2. Principal Place of Business

21

2a. Mailing Address

25

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**HARRELL, MICHAEL E.
18320 CRAWLEY RD.
ODESSA FL 33556**

10. Name and Address of New Registered Agent

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 of Agent or person authorized to execute this statement

Signature of Registered Agent (signature required when translating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DP
NAME	HARRELL, MICHAEL E.
STREET ADDRESS	18320 CRAWLEY RD.
CITY ST ZIP	ODESSA FL
TITLE	V
NAME	HARRELL, MINDY
STREET ADDRESS	18320 CRAWLEY RD.
CITY ST ZIP	ODESSA FL
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

1. TITLE	President, DIRECTOR	☒ Change ☐ Addition
2. NAME	+ Treasurer	
3. STREET ADDRESS		
4. CITY ST ZIP		
21. TITLE	V-Pres + DIRECTOR	☒ Change ☐ Addition
22. NAME	+ Sec	
23. STREET ADDRESS		
24. CITY ST ZIP		
31. TITLE		☐ Change ☐ Addition
32. NAME		
33. STREET ADDRESS		
34. CITY ST ZIP		
41. TITLE		☐ Change ☐ Addition
42. NAME		
43. STREET ADDRESS		
44. CITY ST ZIP		
51. TITLE		☐ Change ☐ Addition
52. NAME		
53. STREET ADDRESS		
54. CITY ST ZIP		
61. TITLE		☐ Change ☐ Addition
62. NAME		
63. STREET ADDRESS		
64. CITY ST ZIP		

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 110.07(3)(b), 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/30/95 813-7338330

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1995



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

RECEIVED
FILED
JAN 1996

DOCUMENT # **H56889** (9)

1. Corporation Name

BREVARD COMMUNITY LABORATORY, INC.

Principal Place of Business

**500 NORTH WASHINGTON AVENUE
SUITE A
TITUSVILLE FL 32796-2759**

Mailing Address

**500 NORTH WASHINGTON AVENUE
SUITE A
TITUSVILLE FL 32796-2759**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/14/1985

3a. Date of Last Report

04/21/1994

4. FEI Number

59-2532941

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

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**RIDDLE, MARION J.
3094 KNOX MCRAE DRIVE
TITUSVILLE FL 32760**

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 of incorporator)

(NOTE: Registered Agent signature required when substituting)

(DATE)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PO
NAME	RIDDLE, MARION JEAN
STREET ADDRESS	3094 KNOX MCRAE DRIVE
CITY, ST, ZIP	TITUSVILLE FL
TITLE	VST
NAME	MCALLENAN, MARTHA SUE
STREET ADDRESS	3094 KNOX MCRAE DRIVE
CITY, ST, ZIP	TITUSVILLE FL
TITLE	D
NAME	MCALLENAN, MARTHA SUE
STREET ADDRESS	3094 KNOX MCRAE DRIVE
CITY, ST, ZIP	TITUSVILLE FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

11 TITLE	☐ Change ☐ Addition
12 NAME	
13 STREET ADDRESS	
14 CITY, ST, ZIP	
21 TITLE	☐ Change ☐ Addition
22 NAME	
23 STREET ADDRESS	
24 CITY, ST, ZIP	
31 TITLE	☐ Change ☐ Addition
32 NAME	
33 STREET ADDRESS	
34 CITY, ST, ZIP	
41 TITLE	☐ Change ☐ Addition
42 NAME	
43 STREET ADDRESS	
44 CITY, ST, ZIP	
51 TITLE	☐ Change ☐ Addition
52 NAME	
53 STREET ADDRESS	
54 CITY, ST, ZIP	
61 TITLE	☐ Change ☐ Addition
62 NAME	
63 STREET ADDRESS	
64 CITY, ST, ZIP	

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)(b), 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.

SIGNATURE: *Marion Jean Riddle* **MARION JEAN RIDDLE** 6-2-95 407-383-0262
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Signature/Name)