

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **H56135** (7)

1. Corporation Name  
**THE TITLE COMPANY, INC.**



Principal Place of Business: **32X SOUTH BRADSHAW DRIVE, P.O. BOX 2174, DUNEDIN FL 34698**  
Mailing Address: **526 SOUTH PALMA DRIVE, P.O. BOX 217, DUNEDIN FL 34698**

3. Date Incorporated or Qualified: **05/09/1985**  
3a. Date of Last Report: **06/05/1995**  
4. FEI Number: **59-2529340**  
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 18320 Crawley Rd**  
22 City & State: **23 Odessa, FL**  
24 Zip: **33556-0116** Hills  
2a. Mailing Address: **26 PO Box 116**  
27 City & State: **28 Odessa, FL**  
29 Zip: **33556-0116** Hills

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, 85 Zip Code: FL**

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when new state agent) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: <b>PDT</b>	<b>HARRELL, MICHAEL E.</b> <input type="checkbox"/> DELETE	1.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME: <b>HARRELL, MICHAEL E.</b>		1.2 NAME:	
STREET ADDRESS: <b>18320 CRAWLEY RD.</b>		1.3 STREET ADDRESS:	
CITY-ST-ZIP: <b>ODESSA FL</b>		1.4 CITY-ST-ZIP:	
TITLE: <b>VPDS</b>	<b>HARRELL, MINDY</b> <input type="checkbox"/> DELETE	2.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME: <b>HARRELL, MINDY</b>		2.2 NAME:	
STREET ADDRESS: <b>18320 CRAWLEY RD.</b>		2.3 STREET ADDRESS:	
CITY-ST-ZIP: <b>ODESSA FL</b>		2.4 CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> DELETE	3.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME:		3.2 NAME:	
STREET ADDRESS:		3.3 STREET ADDRESS:	
CITY-ST-ZIP:		3.4 CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> DELETE	4.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME:		4.2 NAME:	
STREET ADDRESS:		4.3 STREET ADDRESS:	
CITY-ST-ZIP:		4.4 CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> DELETE	5.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME:		5.2 NAME:	
STREET ADDRESS:		5.3 STREET ADDRESS:	
CITY-ST-ZIP:		5.4 CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> DELETE	6.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME:		6.2 NAME:	
STREET ADDRESS:		6.3 STREET ADDRESS:	
CITY-ST-ZIP:		6.4 CITY-ST-ZIP:	

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\*\*\*225.00

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)(k), 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: **Mindy Harrell** V. Pres  
MINDY HARRELL  
Date: **6/24/96** 813-920-8866  
Daytime Phone #

CRCE034 (12/95)