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Apr 23, 1999 8:00 am  
Secretary of State

04-23-1999 90087 047 \*\*\*150.00

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PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **J43903**

1. Corporation Name  
**FLORIDA TITLE ASSOCIATES, INC.**



Principal Place of Business <b>1300 RIVERPLACE BLVD SUITE 610 JACKSONVILLE FL 32207 US</b>	Mailing Address <b>1300 RIVERPLACE BLVD SUITE 610 JACKSONVILLE FL 32207 US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 Suite, Apt. #, etc. 26 2a. Mailing Address

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

3. Date Incorporated or Qualified

**11/24/1986**

4. FEI Number

**59-2739831**

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 owes the current year Intangible

Personal Property Tax.

☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BURPEE, A.L. JR.  
1300 RIVERPLACE BLVD  
SUITE 610  
JACKSONVILLE FL 32207**

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 if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **CD  
TOWERS, C.D. JR.**  
STREET ADDRESS **1300 RIVERPLACE BLVD. SUITE 610**  
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE ☐ DELETE

NAME **PD  
BURPEE, A.L. JR.**  
STREET ADDRESS **1300 RIVERPLACE BLVD. SUITE 610**  
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE ☐ DELETE

NAME **DV  
JAMES, H.R. SR.**  
STREET ADDRESS **1300 RIVERPLACE BLVD. SUITE 610**  
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE ☐ DELETE

NAME **VSD  
BRANNEN, W.M.**  
STREET ADDRESS **1300 RIVERPLACE BLVD. SUITE 610**  
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE:

  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**W.M. Brannen**

**4/20/99**

Date

**904/396-1010**

Daytime Phone #

CR2E034 (11/98)