

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
May 06 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # J55653 (6)
1. Corporation Name
OLD SOUTH TITLE AND ABSTRACT COMPANY



Principal Place of Business
1301G NORTH EGLIN PARKWAY
SHALIMAR FL 32579
US

Mailing Address
1301G NORTH EGLIN PARKWAY
SHALIMAR FL 32579-1208
US

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25 29 30

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified
02/06/1987

3a. Date of Last Report
04/16/1996

4. FEI Number

59-2769308

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

9. Name and Address of Current Registered Agent

HEMBY WILLIAM R.
1301G NORTH EGLIN PARKWAY
SHALIMAR FL 32579

10. Name and Address of New Registered Agent

81 Name Timothy F. O'Keefe Jr.
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 date of appointment (NOTE: Registered Agent signature required when reinstating)

28 April 97

12. OFFICERS AND DIRECTORS

TITLE	STD	☒ DELETE
NAME	HEMBY, WILLIAM R.	
STREET ADDRESS	1821 JOHN SIMS PKWY	
CITY-ST-ZIP	NICEVILLE FL	
TITLE	DV	☒ DELETE
NAME	HEMBY, PATRICIA S.	
STREET ADDRESS	1821 JOHN SIMS PKWY	
CITY-ST-ZIP	NICEVILLE FL	
TITLE	DP	☒ DELETE
NAME	DRAKE, GAZETTE R.	
STREET ADDRESS	1301G NORTH EGLIN PARKWAY	
CITY-ST-ZIP	SHALIMAR FL	
TITLE	V	☒ DELETE
NAME	DRAKE, GARY L.	
STREET ADDRESS	1301G NORTH EGLIN PARKWAY	
CITY-ST-ZIP	SHALIMAR 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	POST	☐ Change ☒ Addition
1.2 NAME	O'Keefe Timothy F. Jr.	
1.3 STREET ADDRESS	1317 Bayshore Dr.	
1.4 CITY-ST-ZIP	Niceville FL 32578	
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 do 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.

SIGNATURE:

Signature, typed or printed name of registered agent, and date of appointment (NOTE: Registered Agent signature required when reinstating)

CR2E034 (9/96)