

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # J88147 (0)

1. Corporation Name

SOUTHEAST TITLE GROUP, INC.

Principal Place of Business

200 W JACKSON STREET  
PENSACOLA FL 32591-0126  
US

Mailing Address

P.O. BOX 126  
PENSACOLA FL 32591-0126



3. Date Incorporated or Qualified  
08/14/1987

3a. Date of Last Report  
04/14/1995

2. Principal Place of Business

2a. Mailing Address

21 1101 N. PALAFOX ST

26

4. FEI Number

59-2835740

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

23 PENSACOLA, FL

27

Zip Country

Zip Country

24 32501

25

29

30

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

10. Name and Address of New Registered Agent

MILLER, S. L.

200 WEST JACKSON STREET  
PENSACOLA FL 32501

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

1101 N. PALAFOX STREET

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 607.1505, Florida Statutes.

SIGNATURE

*S. L. Miller*

Signature of, and or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

2/7/96

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME SHELNUTT, PEGGY C  
STREET ADDRESS 200 W. JACKSON ST.  
CITY-ST-ZIP PENSACOLA FL

TITLE P ☐ DELETE

NAME MILLER, SUSAN L  
STREET ADDRESS 200 W JACKSON STREET  
CITY-ST-ZIP PENSACOLA FL

TITLE ST ☐ DELETE

NAME HARRIS, BARBARA A  
STREET ADDRESS 200 W JACKSON STREET  
CITY-ST-ZIP PENSACOLA FL

TITLE VP ☒ DELETE

NAME MITCHELL, CHRISTINE  
STREET ADDRESS 7849 N. DALE MABRY, SUITE 108  
CITY-ST-ZIP TAMPA FL

TITLE VP ☐ DELETE

NAME LEWIS, LYNNE  
STREET ADDRESS 3720 NW 43RD STREET, SUITE 108  
CITY-ST-ZIP GAINESVILLE FL

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 1101 N. PALAFOX ST.  
1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME  
2.3 STREET ADDRESS 1101 N. PALAFOX ST.  
2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME  
3.3 STREET ADDRESS 1101 N. PALAFOX ST.  
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 470 SO. LAWRENCE BLVD  
5.4 CITY-ST-ZIP KEYSTONE HEIGHTS, FL 32656

6.1 TITLE ☐ Change ☒ Addition

6.2 NAME  
6.3 STREET ADDRESS 500 S.E. FORT KING ST, SUITE A  
6.4 CITY-ST-ZIP OCALA, FL 34471

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:

*Susan L Miller*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/7/96 (904) 438-6200  
Date Daytime Phone #

CR2E034 (12/95)