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Jan 22 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 # J88147

(0)

1. Corporation Name
SOUTHEAST TITLE GROUP, INC.



Principal Place of Business
1101 N. PALAFOX STREET
PENSACOLA FL 32501
US

Mailing Address
P.O. BOX 126
PENSACOLA FL 32591-0126

3. Date Incorporated or Qualified 08/14/1987
3a. Date of Last Report 03/14/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

25 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

4. FEI Number 59-2835740
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

10. Name and Address of New Registered Agent

MILLER, S. L.
1101 N. PALAFOX STREET
PENSACOLA FL 32501

81 Name WILLIAM K. COX
82 Street Address (P.O. Box Number is Not Acceptable) 2500 MAITLAND CENTER PARKWAY
83 SUITE 409
84 City MAITLAND, FL 85 Zip Code 32751

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 *William K. Cox*

(NOTE: Registered Agent signature required when reinstating)

DATE 1/13/97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME D
STREET ADDRESS SHELNUTT, PEGGY C
CITY-ST-ZIP 1101 N. PALAFOX STREET
PENSACOLA FL
TITLE ☐ DELETE
NAME P
STREET ADDRESS MILLER, SUSAN L
CITY-ST-ZIP 1101 N. PALAFOX STREET
PENSACOLA FL
TITLE ☐ DELETE
NAME ST
STREET ADDRESS HARRIS, BARBARA A
CITY-ST-ZIP 1101 N. PALAFOX STREET
PENSACOLA FL
TITLE ☐ DELETE
NAME VP
STREET ADDRESS WALLER, ALETHA
CITY-ST-ZIP 500 SE FORT KING STREET SUITE A
OCALA FL
TITLE ☐ DELETE
NAME VP
STREET ADDRESS LEWIS, LYNNE
CITY-ST-ZIP 470 S. LAWRENCE BLVD
KEYSTONE HEIGHTS FL
TITLE ☐ DELETE
NAME P
STREET ADDRESS WILLIAM K. COX
CITY-ST-ZIP 2500 MAITLAND CENTER PARKWAY, #409
MAITLAND, FL 32751

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2.1 TITLE EXECUTIVE VICE PRESIDENT ☒ Change ☐ Addition
2.2 NAME SUSAN L. MILLER
2.3 STREET ADDRESS 1101 N. PALAFOX STREET
2.4 CITY-ST-ZIP PENSACOLA, FL 32501
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 EXECUTIVE VICE PRESIDENT ☐ Change ☒ Addition
5.2 NAME ROSEMARY C. COX
5.3 STREET ADDRESS 2500 MAITLAND CENTER PKWY, SUITE 409
5.4 CITY-ST-ZIP MAITLAND, FL 32751
6.1 TITLE PRESIDENT ☐ Change ☒ Addition
6.2 NAME WILLIAM K. COX
6.3 STREET ADDRESS 2500 MAITLAND CENTER PKWY, SUITE 409
6.4 CITY-ST-ZIP MAITLAND, FL 32751

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: *William K. Cox*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/13/97 407 875-1987
Date Daytime Phone #

CR2E034 (9/96)