

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 # J95038 (2)
1. Corporation Name
NORTH FLORIDA TITLE COMPANY



Principal Place of Business
**93A ORANGE STREET
780 NORTH PONCE DE LEON BLVD
ST. AUGUSTINE FL 32084
US**

Mailing Address
**% JOHN D. BAILEY, JR.
780 NORTH PONCE DE LEON BLVD
ST AUGUSTINE FL 32084**

3. Date Incorporated or Qualified
09/28/1987

3a. Date of Last Report
04/25/1995

4. FEI Number
59-2851371

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

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country

9. Name and Address of Current Registered Agent

**BAILEY, JOHN D., JR.
780 NORTH PONCE DE LEON BLVD
ST AUGUSTINE FL 32084**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD	1.1 TITLE	Executive Vice President/
NAME	DELORENZO, ARNOLD	1.2 NAME	DARDI, ANTHONY J. Director
STREET ADDRESS	92 CHARLOTTE STREET	1.3 STREET ADDRESS	503 E Street
CITY-ST-ZIP	ST. AUGUSTINE FL	1.4 CITY-ST-ZIP	St. Augustine, FL 32084
TITLE	PD	2.1 TITLE	Vice President/Director
NAME	DARDI, MARY JANE	2.2 NAME	HICKEY, LUANNE R.
STREET ADDRESS	114 MICKLER BOULEVARD	2.3 STREET ADDRESS	135 Menendez Road
CITY-ST-ZIP	ST AUGUSTINE BCH FL	2.4 CITY-ST-ZIP	St. Augustine, FL 32084
TITLE	STD	3.1 TITLE	Director
NAME	BAILEY, JOHN D., JR.	3.2 NAME	DELORENZO, ARNOLD
STREET ADDRESS	350 FIDDLERS COURT	3.3 STREET ADDRESS	92 Charlotte Street
CITY-ST-ZIP	ST AUGUSTINE FL	3.4 CITY-ST-ZIP	St. Augustine, FL 32084
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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:

Anthony J. Dardi
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ANTHONY J. DARDI

5-7-96

(904) 825-4795

Date

Daytime Phone #

CR2E034 (12/95)