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Jul 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 # **J95038** **(2)**

1. Corporation Name
NORTH FLORIDA TITLE COMPANY

Principal Place of Business	Mailing Address
93A ORANGE STREET **780 NORTH PONCE DE LEON BLVD** **ST. AUGUSTINE FL 32084** **US**	**% JOHN D. BAILEY, JR.** **780 NORTH PONCE DE LEON BLVD** **ST AUGUSTINE FL 32084-3519**

3. Date Incorporated or Qualified: **09/28/1987**
3a. Date of Last Report: **05/09/1996**

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

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

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 **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 _____ (NOTE: Registered Agent signature required when filing) DATE
Signature, typed or printed name of registered agent and title, if applicable

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	DELORENZO, ARNOLD		1.2 NAME		
STREET ADDRESS	92 CHARLOTTE STREET		1.3 STREET ADDRESS		
CITY-ST-ZIP	ST. AUGUSTINE FL		1.4 CITY-ST-ZIP		
TITLE	PD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	DARDI, MARY JANE		2.2 NAME		
STREET ADDRESS	114 MICKLER BOULEVARD		2.3 STREET ADDRESS		
CITY-ST-ZIP	ST AUGUSTINE BCH FL		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	DELORENZO, ARNOLD		3.2 NAME		
STREET ADDRESS	92 CHARLOTTE STREET		3.3 STREET ADDRESS		
CITY-ST-ZIP	ST AUGUSTINE		3.4 CITY-ST-ZIP		
TITLE	EVPD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	DARDI, ANTHONY J		4.2 NAME		
STREET ADDRESS	503 E. STREET		4.3 STREET ADDRESS		
CITY-ST-ZIP	ST. AUGUSTINE		4.4 CITY-ST-ZIP		
TITLE	VPD	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	HICKEY, LUANNE R		5.2 NAME		
STREET ADDRESS	135 MENENDEZ ROAD		5.3 STREET ADDRESS		
CITY-ST-ZIP	ST AUGUSTINE		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (9/96)

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: _____ 7/17/97 904-825-4795