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PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **K79602** (4)

1. Corporation Name

SUNCOAST TITLE AGENCY OF TAMPA, INC.



Principal Place of Business

**2901 WEST BUSCH BLVD.
SUITE 307
TAMPA FL 33618**

Mailing Address

**2901 WEST BUSCH BLVD.
SUITE 307
TAMPA FL 33618**

3. Date Incorporated or Qualified
04/12/1989

3a. Date of Last Report
04/03/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

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25

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30

g. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**LINDA EDRINGTON COPLON
2702 D. PAXTON AVE
SUITE 307
TAMPA FL 33611**

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:

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

PVS

☐ DELETE

NAME

COPLON, LINDA EDRINGTON

STREET ADDRESS

2702 D PAXTON AVE

CITY-ST-ZIP

TAMPA FL

TITLE

T

☐ DELETE

NAME

COPLON, LINDA EDRINGTON

STREET ADDRESS

2702 D PAXTON AVE

CITY-ST-ZIP

TAMPA FL

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11 TITLE

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21 TITLE

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31 TITLE

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41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 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:

Linda Coplon
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-6-96
Date

935-4900
Daytime Phone #

CR2E034 (12/95)