

**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 # **K98962** (9)

1. Corporation Name

**SUNCO TITLE INSURANCE AGENCY, INC.**



Principal Place of Business

Mailing Address

819 CYPRESS VILLAGE BLVD  
SUITE 102  
RUSKIN FL 33573  
US

819 CYPRESS VILLAGE BLVD  
SUITE 102  
RUSKIN FL 33573  
US

2. Principal Place of Business

2a. Mailing Address

21 819 Cypress Village Blvd.  
Suite, Apt. #, etc

26 819 Cypress Village Blvd  
Suite, Apt. #, etc.

22 City & State

27 City & State

23 Ruskin, FL

28 Ruskin, FL

24 33573 Hillsborough

29 33573 Hillsborough

9. Name and Address of Current Registered Agent

WILLIAM R. LANE, JR  
501 EAST KENNEDY BOULEVARD  
SUITE 1400  
TAMPA FL 33802

81 Name

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

83

84 City

FL

85 Zip Code

3. Date Incorporated or Qualified

06/29/1989

3a. Date of Last Report

05/01/1995

4. FEI Number

65-0131773

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

10. Name and Address of New Registered Agent

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 the date hereof

NOTE: Registered Agent signature required when registering

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	PRESTON, ALLEN J.	
STREET ADDRESS	3805 CARDENEL AVENUE	
CITY-ST-ZIP	RUSKIN FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	PRESTON, ROSINA	
STREET ADDRESS	3805 CARDENEL AVENUE	
CITY-ST-ZIP	RUSKIN FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	AGAN, PATRICIA M.	
STREET ADDRESS	5008 TERRACE VILLAGE LN.	
CITY-ST-ZIP	TAMPA FL	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	TONGER, PATRICIA E.	
STREET ADDRESS	1202 BUTCH CASSIDY TR.	
CITY-ST-ZIP	WIMAUMA FL	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	BAKER, CAROLE A	
STREET ADDRESS	P O BOX 366 N/A	
CITY-ST-ZIP	BALM FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HIGGINS, BOBBY W.	
STREET ADDRESS	3812 CARDENAL AVE	
CITY-ST-ZIP	RUSKIN FL	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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.

Rosina Preston Secretary

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

813-633-3330

Date

Corporate Phone #

CR2E034 (12/95)