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 # **L22848** **(0)**

1. Corporation Name

EQUITY TITLE COMPANY/SOUTHEAST

Principal Place of Business	Mailing Address
4830 W. KENNEDY BLVD. #595 TAMPA FL 33609 US	4830 W KENNEDY BLVD. #595 TAMPA FL 33609 US

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

3. Date Incorporated or Qualified: **10/16/1989**

3a. Date of Last Report: **05/01/1995**

4. FEI Number: **59-2974176** ☐ 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

BAUMGART, BILL
4830 WEST KENNEDY BLVD
SUITE 595
TAMPA FL 33609

10. Name and Address of New Registered Agent

81 Name: JOHN P. ROSSO
82 Street Address (P.O. Box Number is Not Acceptable): 4830 W. Kennedy Blvd. # 595
83
84 City: TAMPA FL 85 Zip Code: 33609

11. Pursuant to the provisions of Sections 607.0502 and 607.1538, 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: W. Baumgart DATE

OFFICERS AND DIRECTORS

12.

TITLE	D	☐ DELETE
NAME	BAUMGART, WILLIAM H.	
STREET ADDRESS	4830 WEST KENNEDY BLVD STE 595	
CITY-ST-ZIP	TAMPA FL	
TITLE	D	☐ DELETE
NAME	BAUMGART, DEBBIE	
STREET ADDRESS	4830 W. KENNEDY BLVD. STE 595	
CITY-ST-ZIP	TAMPA FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.

1 1 TITLE		☐ Change ☐ Addition
1 2 NAME		
1 3 STREET ADDRESS		
1 4 CITY-ST-ZIP		
2 1 TITLE		☐ Change ☐ Addition
2 2 NAME		
2 3 STREET ADDRESS		
2 4 CITY-ST-ZIP		
3 1 TITLE	PRESIDENT	☐ Change ☑ Addition
3 2 NAME	JOHN P. ROSSO	
3 3 STREET ADDRESS	4830 W. Kennedy Blvd. # 595	
3 4 CITY-ST-ZIP	TAMPA FL 33609	
4 1 TITLE		☐ Change ☐ Addition
4 2 NAME		
4 3 STREET ADDRESS		
4 4 CITY-ST-ZIP		
5 1 TITLE		☐ Change ☐ Addition
5 2 NAME		
5 3 STREET ADDRESS		
5 4 CITY-ST-ZIP		
6 1 TITLE		☐ Change ☐ Addition
6 2 NAME		
6 3 STREET ADDRESS		
6 4 CITY-ST-ZIP		

14. I do hereby certify that the information indicated on this report or supplemental 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: W. Baumgart
SIGNATURE AND TYPED OR PRINTED NAME OF REPORTING OFFICER OR DIRECTOR

DATE

CR2E034 (12/95)

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