

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
May 19 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # L30289
1. Corporation Name
GILCHRIST TITLE SERVICES, INC.

(7)

Principal Place of Business
114 NORTHEAST FIRST STREET
P.O. DRAWER 1357
TRENTON FL 32693

Mailing Address
114 NORTHEAST FIRST STREET
P.O. DRAWER 1357
TRENTON FL 32693-1357



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21		26		11/17/1989	04/25/1996
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FEI Number	Applied For
23 City & State		28 City & State		59-2976123	Not Applicable
24 Zip		29 Zip		5. Certificate of Status Desired	\$8.75 Additional Fee Required
25 Country		30 Country		6. Election Campaign Financing	\$5.00 May Be Added to Fees
				7. Trust Fund Contribution	
				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent

BURT, THEODORE M.
GILCHRIST TITLE SERVICE, INC.
114 N.E. 1ST ST.
TRENTON FL 32693

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

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	DP	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BURT, THEODORE M.	1.2 NAME	
STREET ADDRESS	114 NE 1ST ST., P.O. BOX 308	1.3 STREET ADDRESS	
CITY-ST-ZIP	TRENTON FL	1.4 CITY-ST-ZIP	
TITLE	TS	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BURT, PAMELA D.	2.2 NAME	
STREET ADDRESS	114 NE 1ST ST., P.O. BOX 308	2.3 STREET ADDRESS	
CITY-ST-ZIP	TRENTON FL	2.4 CITY-ST-ZIP	
TITLE	VP	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FEATHER, MARK J	3.2 NAME	
STREET ADDRESS	S.E. 20TH STREET, POB 919	3.3 STREET ADDRESS	
CITY-ST-ZIP	TRENTON FL	3.4 CITY-ST-ZIP	
TITLE	Vice President Assistant Secretary	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Margaret Edwards	4.2 NAME	
STREET ADDRESS	Post Office Box 303 13450 NE 80th Ave	4.3 STREET ADDRESS	
CITY-ST-ZIP	Trenton, FL 32693	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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:

[Handwritten Signature]

4-16-97

352-463-6403

CR2E034 (9/96)