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PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **M77194** (2)

1. Corporation Name

**LAWYERS TITLE AGENCY OF NORTH FLORIDA, INC.**



Principal Place of Business

Mailing Address

% FALCON B. SELLARS, JR.  
3001 HWY 77  
LYNN HAVEN FL 32444

% FALCON B. SELLARS, JR.  
3001 HWY 77  
LYNN HAVEN FL 32444

3. Date Incorporated or Qualified

04/20/1988

3a. Date of Last Report

03/07/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SELLARS, FALCON B., JR.  
3001 HWY 77  
LYNN HAVEN FL 32444

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)

Signature typed or printed name of registered agent and title (if applicable)

Signature

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD  
NAME SELLARS, FALCON B., JR.  
STREET ADDRESS 3001 HWY 77  
CITY-ST-ZIP LYNN HAVEN FL

1. TITLE  
2. NAME  
3. STREET ADDRESS  
4. CITY-ST-ZIP

TITLE ST  
NAME BEASLEY, DARLENE F.  
STREET ADDRESS 3001 HWY 77  
CITY-ST-ZIP LYNN HAVEN FL

2.1. TITLE  
2.2. NAME  
2.3. STREET ADDRESS  
2.4. CITY-ST-ZIP

TITLE EVP  
NAME SEWELL, RHONDA H.  
STREET ADDRESS 3001 HWY 77  
CITY-ST-ZIP LYNN HAVEN FL

3.1. TITLE  
3.2. NAME  
3.3. STREET ADDRESS  
3.4. CITY-ST-ZIP

TITLE EVP  
NAME REID, CARLA S  
STREET ADDRESS 3001 HWY 77  
CITY-ST-ZIP LYNN HAVEN FL

4.1. TITLE  
4.2. NAME  
4.3. STREET ADDRESS  
4.4. CITY-ST-ZIP

TITLE VP  
NAME PAUL, LARRY W  
STREET ADDRESS 3001 HWY 77  
CITY-ST-ZIP LYNN HAVEN FL

5.1. TITLE  
5.2. NAME  
5.3. STREET ADDRESS  
5.4. CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1. TITLE  
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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-22-96

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