

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

FILED

Feb 11 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # **M77194** (2)  
1. Corporation Name  
**LAWYERS TITLE AGENCY OF NORTH FLORIDA, INC.**



Principal Place of Business  
**% FALCON B. SELLARS, JR.**  
**3001 HWY 77**  
**LYNN HAVEN FL 32444**

Mailing Address  
**% FALCON B. SELLARS, JR.**  
**3001 HWY 77**  
**LYNN HAVEN FL 32444-5615**

3. Date Incorporated or Qualified **04/20/1988** 3a. Date of Last Report **04/04/1996**  
4. FEI Number **59-2883831** 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

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 28 Zip  
24 Country 29 Country

9. Name and Address of Current Registered Agent

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

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when re-stating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	SELLARS, FALCON B., JR.	
STREET ADDRESS	3001 HWY 77	
CITY-ST-ZIP	LYNN HAVEN FL	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	BEASLEY, DARLENE F.	
STREET ADDRESS	3001 HWY 77	
CITY-ST-ZIP	LYNN HAVEN FL	
TITLE	EVP	<input type="checkbox"/> DELETE
NAME	SEWELL, RHONDA H.	
STREET ADDRESS	3001 HWY 77	
CITY-ST-ZIP	LYNN HAVEN FL	
TITLE	EVP	<input type="checkbox"/> DELETE
NAME	REID, CARLA S	
STREET ADDRESS	3001 HWY 77	
CITY-ST-ZIP	LYNN HAVEN FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	PAUL, LARRY W	
STREET ADDRESS	3001 HWY 77	
CITY-ST-ZIP	LYNN HAVEN FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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: *[Signature]* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-28-'97

Date

Daytime Phone #

CR2E034 (9/96)