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 # **M84345** **(1)**

1. Corporation Name
SUNBELT TITLE AGENCY, INC.

Principal Place of Business	Mailing Address
~~401 W COLONIAL DR~~ ~~SUITE 6~~ ~~ORLANDO FL 32804~~ US	PO BOX 6600 CLEARWATER FL 34618 US

2. Principal Place of Business
21 240 Crown Oaks Centre Drive
Suite, Apt. #, etc.
22
City & State
23 Longwood, FL
Zip 24 32750 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

3. Date Incorporated or Qualified: 06/08/1988
3a. Date of Last Report: 04/11/1995
4. FEI Number: 59-2892334 ☐ 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. XX Yes ☐ No

9. Name and Address of Current Registered Agent

MORRIS A LECOMPTE, ESQ
100 SECOND AVENUE SOUTHO
CITY CENTER 12TH FLOOR
ST PETERSBURG FL 33701

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. DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	☐ DELETE	1 1 TITLE	☐ Change ☐ Addition
NAME	COPE, RICHARD W		1 2 NAME	
STREET ADDRESS	19353 UW HWY 19 NO, SUITE 100		1 3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL		1 4 CITY-ST-ZIP	
TITLE	DV	☐ DELETE	2 1 TITLE	☐ Change ☐ Addition
NAME	TOOKE, EDWIN C		2 2 NAME	
STREET ADDRESS	19353 US HWY 19 NORTH, SUITE 100		2 3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL		2 4 CITY-ST-ZIP	
TITLE	P	☐ DELETE	3 1 TITLE	X Change ☐ Addition
NAME	MUELLER, JAMES G		3 2 NAME	
STREET ADDRESS	~~2101 W COMMERCIAL BLVD. #4000~~		3 3 STREET ADDRESS	7100 W. Commercial Blvd.
CITY-ST-ZIP	FT LAUDERDALE FL		3 4 CITY-ST-ZIP	33319
TITLE	TS	☐ DELETE	4 1 TITLE	☐ Change ☐ Addition
NAME	STICCO, LEWIS A		4 2 NAME	
STREET ADDRESS	19353 US HWY 19 NO, SUITE 100		4 3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL		4 4 CITY-ST-ZIP	
TITLE	V	☐ DELETE	5 1 TITLE	X Change ☐ Addition
NAME	HOWARD, SHARON		5 2 NAME	
STREET ADDRESS	~~320 CROWN OAKS CENTRE DRIVE~~		5 3 STREET ADDRESS	240 Crown Oaks Centre Drive
CITY-ST-ZIP	LONGWOOD FL		5 4 CITY-ST-ZIP	
TITLE	V	☐ DELETE	6 1 TITLE	☐ Change XX Addition
NAME	MCARDLE		6 2 NAME	, Dennis
STREET ADDRESS	4100 WEST KENNEDY B;VD STE 206		6 3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL		6 4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntary, furnished and 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: L.A. Sticco Lewis A. Sticco 4-5-96 813/548-5468

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — Daytime Phone #

CR2E034 (12/95)