

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N98000006185

1. Corporation Name

THE EMERSON STREET TITLE HOLDING COMPANY

Principal Place of Business
4401 EMERSON ST.
JACKSONVILLE FL 32207

Mailing Address
P.O. BOX 47375
JACKSONVILLE FL 32247

FILED
Apr 14, 1999 8:00 am
Secretary of State

04-14-1999 90153 009 *****8.75
04-14-1999 90153 010 *****61.25



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26 4401 Emerson Street		10/29/1998	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27 Suite #1		59-3411330	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28 Jacksonville FL		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip		Trust Fund Contribution	
24		29 32207		30 US	

9. Name and Address of Current Registered Agent

WALLACE ETTLINGER, CAROLYN
4401 EMERSON ST.
JACKSONVILLE FL 32207

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

FL

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, 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	D <input checked="" type="checkbox"/> DELETE	1.1 TITLE	D/P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STRINGER, BO	1.2 NAME	Nelson Black
STREET ADDRESS	50 N. LAURA ST.	1.3 STREET ADDRESS	225 Water Street, 8th Floor
CITY-ST-ZIP	JACKSONVILLE FL 32202	1.4 CITY-ST-ZIP	Jacksonville, FL 32202
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	D/V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BEYAH, MALACHI	2.2 NAME	Walter Williams
STREET ADDRESS	2170 W. 13TH ST.	2.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32209	2.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	D/S/T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WASHINGTON, LLOYD	3.2 NAME	Holly Cleveland
STREET ADDRESS	2344 SHERRINGTON ST.	3.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32257	3.4 CITY-ST-ZIP	
TITLE	WILL <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	IAMS, WALTER	4.2 NAME	
STREET ADDRESS	10450 SAN JOSE BLVD.	4.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32257	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLEVELAND, HOLLY K	5.2 NAME	
STREET ADDRESS	225 WATER ST., 2ND FLOOR	5.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32202	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

904-361-3060

Daytime Phone #

CR2E037 (1/98)