

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P93000079478 (2)

1. Corporation Name

B-D-R TITLE CORPORATION



Principal Place of Business

33-1A SUNTREE PLACE
MELBOURNE FL 32940
US

Mailing Address

33-1A SUNTREE PLACE
MELBOURNE FL 32940
US

3. Date Incorporated or Qualified
11/17/1993

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

21 33 B Suntree Place

2a. Mailing Address

26 33 B Suntree Place

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

23 Melbourne, FL

City & State

28 Melbourne, FL

Zip

24 32940

Country

25 USA

Zip

29 32940

Country

30 USA

4. FEI Number
59-3234794

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 ☐

10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent

SPRAGINS, STEVE
33-1A SUNTREE PLACE
MELBOURNE FL 32940

81 Name: Spragins, Steve

82 Street Address (P.O. Box Number is Not Acceptable)
973 Osprey Drive

83

84 City: Melbourne

FL

85 Zip Code
32940

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 person signing this statement)

(NOTE: Registered Agent Signature Required When Changing)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME SPRAGINS, STEVE 1
STREET ADDRESS 33-1A SUNTREE PLACE
CITY-STATE-ZIP MELBOURNE FL 32940 ☐ DELETE

TITLE V
NAME LEISS, PATRICIA A
STREET ADDRESS 33-1A SUNTREE PLACE
CITY-STATE-ZIP MELBOURNE FL 32940 ☐ DELETE

TITLE STD
NAME BIRT, NANCY
STREET ADDRESS 33-1A SUNTREE PLACE
CITY-STATE-ZIP MELBOURNE FL 32940 ☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD
1.2 NAME Spragins, Steve
1.3 STREET ADDRESS 973 Osprey Drive
1.4 CITY-STATE-ZIP Melbourne, FL 32940 ☒ Change ☐ Addition

2.1 TITLE V
2.2 NAME Leiss, Patricia
2.3 STREET ADDRESS 49 Echo Street
2.4 CITY-STATE-ZIP Deltona, FL 32725 ☒ Change ☐ Addition

3.1 TITLE STD
3.2 NAME Yelland, Ronald J.
3.3 STREET ADDRESS 5320 Cheswick Circle
3.4 CITY-STATE-ZIP Orlando, FL 32812 ☐ Change ☒ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP ☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP ☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-ZIP ☐ Change ☐ Addition

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

RONALD J. YELLAND

4/3/96

(407) 253-0009

CR2E034 (12/95)