

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 # P94000024556 (0)

1. Corporation Name

AAA TITLE COMPANY, INC.



Principal Place of Business

Mailing Address

**1460 BAYTREE DRIVE
SUITE 4
PALM BAY FL 32905
US**

**1460 BAYTREE DRIVE
SUITE 4
PALM BAY FL 32905
US**

3. Date Incorporated or Qualified

03/28/1994

3a. Date of Last Report

04/28/1995

2. Principal Place of Business

21 1460 Baytree Dr., N.E. #4

2a. Mailing Address

26 1460 Boytree Dr., N.E. #4

4. FEI Number

59-3257553

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

City & State

23 Palm Bay, Fl.

City & State

28 Palm Bay, Fl.

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

Zip

24 32905

Country

25 USA

Zip

29 32905

Country

30 USA

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes

☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CLARK, H L III
1460 BAYTREE DRIVE STE. 4
PALM BAY FL 32907**

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 of Registered Agent or Registered Agent in Charge

Signature of Registered Agent or Registered Agent in Charge

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **P** ☐ DELETE
NAME **CLARK, H.L. III**
STREET ADDRESS **3700 N RIVERSIDE DRIVE**
CITY-ST-ZIP **INDIALANTIC FL**

TITLE **VP** ☐ DELETE
NAME **CLARK, BRIAN D.**
STREET ADDRESS **1220 NIENBURG AVENUE N.W.**
CITY-ST-ZIP **PALM BAY FL**

TITLE **VPS** ☐ DELETE
NAME **PARR, PATSY A.**
STREET ADDRESS **1199 HOMER STREET N.W.**
CITY-ST-ZIP **PALM BAY FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

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

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

6.1 TITLE ☐ Change ☐ Addition
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)(b), 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:

Sandra B. Mortham
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

VPS

5/21/96

(407) 729-6090
Daytime Phone #

CR2E034 (12/95)