FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED

95 MAR -3 AM 8:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000028561 (6)

1. Corporation Name

ALDAY-DONALSON TITLE COMPANY OF PINELLAS COUNTY, INC.

Principal Place of Business	Mailing Address
311 D. NOLAND DRIVE BRANDON FL 33500	~~311 D. NOLAND DRIVE~~ P.O. Box 2030 BRANDON FL 33500

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 04/14/1994
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address	4. FEI Number / Applied For / Not Applicable
21	26 P.O. Box 2030	59-3241140
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired [X] — $8.75 Additional Fee Required
City & State 23	City & State 28 Brandon	6. Election Campaign Financing Trust Fund Contribution [X] — $5.00 May Be Added to Fees
Zip 24 33511 / Country 25	Zip 29 33509 / Country 30 USA	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes [X] Yes [ ] No

9. Name and Address of Current Registered Agent

DONALSON, RONALD M
311 D. NOLAND DRIVE
BRANDON FL 33500

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: 33511

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: _____ DATE: _____
(NOTE: Registered Agent's signature required when mandatory)

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE: C NAME: ALDAY, CHAIRMAN T STREET ADDRESS: 3925 MOORES LAKE RD. CITY ST ZIP: DOVER FL 33527	11 TITLE 12 NAME: Thomas T. Alday 13 STREET ADDRESS 14 CITY ST ZIP [X] Change [ ] Addition
TITLE: PD NAME: DONALSON, RONALD M STREET ADDRESS: 16510 WB PRITCHETT LANE CITY ST ZIP: LUTZ FL 33549	21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY ST ZIP [ ] Change [ ] Addition
TITLE: V NAME: SORGENFREI, DONNA M STREET ADDRESS: 1920 VANDERVORT CITY ST ZIP: LUTZ FL 33549	31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY ST ZIP No Longer an officer [X] Change [ ] Addition
TITLE: ST NAME: HALCOM, BECKY M STREET ADDRESS: 1320 S. TAYLOR RD. CITY ST ZIP: SEFFNER FL 33584	41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY ST ZIP [ ] Change [ ] Addition
TITLE: V NAME: BURGNER, KATHY M. STREET ADDRESS: 7904 GEORGE WASHINGTON LANE CITY ST ZIP: TAMPA, FL 33617	51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY ST ZIP [ ] Change [XX] Addition
TITLE: NAME: STREET ADDRESS: CITY ST ZIP:	61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY ST ZIP [ ] Change [ ] Addition

14. I 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)(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 hereof, or on an attachment with an address.

SIGNATURE: Becky M Halcom Becky M. Halcom 2-20-95 813 685-4576
SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING OFFICER OR DIRECTOR — Date — Telephone Number

0201032 CP