

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

FILED  
Apr 24 1996 8:00 am  
Secretary of State

DOCUMENT # P94000028561 (6)

1. Corporation Name

ALDAY-DONALSON TITLE COMPANY OF PINELLAS COUNTY,  
INC.

Principal Place of Business

311 D. NOLAND DRIVE  
BRANDON FL 33511  
US

Mailing Address

PO BOX 2030  
BRANDON FL 33509  
US

3. Date Incorporated or Qualified  
04/14/1994

3a. Date of Last Report  
03/03/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number  
59-3241140

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 then signed)

(Typed) Registered Agent's signature required when replacing

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE C  
NAME ALDAY, THOMAS T.  
STREET ADDRESS 3925 MOORES LAKE RD.  
CITY-ST-ZIP DOVER FL

☐ DELETE

1.1 TITLE CD ☒ Change ☒ Addition

TITLE PD  
NAME DONALSON, RONALD M  
STREET ADDRESS 16510 WB PRITCHETT LANE  
CITY-ST-ZIP LUTZ FL 33549

☐ DELETE

2.1 TITLE 33527 ☐ Change ☐ Addition

TITLE V  
NAME BURGNER, KATHY M.  
STREET ADDRESS 7904 GEORGE WASHINGTON LANE  
CITY-ST-ZIP TAMPA FL

☐ DELETE

3.1 TITLE V D ☒ Change ☒ Addition

TITLE ST  
NAME HALCOM, BECKY M  
STREET ADDRESS 1320 S. TAYLOR RD.  
CITY-ST-ZIP SEFFNER FL 33684

☐ DELETE

4.1 TITLE STD ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

5.1 TITLE 33584 ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

6.1 TITLE ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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)(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. 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:

Becky M. Halcom  
Becky M. Halcom

Date

Daytime Phone

813 685-4576

CR2E034 (12/95)