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Apr 23 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

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 33509-2030  
US**



3. Date Incorporated or Qualified

**04/14/1994**

3a. Date of Last Report

**04/24/1996**

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

2. Principal Place of Business

21 Suite, Apt. #, etc

22 City & State

23 Zip

Country

24 25 29 30

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

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

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **CD** ☐ DELETE  
NAME **ALDAY, THOMAS T.**  
STREET ADDRESS **3925 MOORES LAKE RD.**  
CITY - ST - ZIP **DOVER FL**

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

TITLE **VD** ☐ DELETE  
NAME **BURGNER, KATHY M.**  
STREET ADDRESS **7904 GEORGE WASHINGTON LANE**  
CITY - ST - ZIP **TAMPA FL**

TITLE **STD** ☐ DELETE  
NAME **HALCOM, BECKY M**  
STREET ADDRESS **1320 S. TAYLOR RD.**  
CITY - ST - ZIP **SEFFNER FL**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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 **11401 W. Queensway Dr**  
2.4 CITY - ST - ZIP **Temple Terrace, FL 33617**

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 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 if changed, or on an attachment with an address. **Becky M. HALCOM**

SIGNATURE: **Becky M. Halcom Sec. Treas**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**4-14-97 813685-4576**

Daytime Phone #

0344808

CR2E034 (9/96)