FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P94000028561 (6) DOCUMENT #
1. Corporation Name

ALDAY-DONALSON TITLE COMPANY OF PINELLAS COUNTY.

Principal Place of Business 311 D. NOLAND DRIVE BRANDON FL 33511

香 食

Mailing Address

PO BOX 2030 BRANDON FL 33509

FILED Feb 09 1998 8:00am Secretary of State



| 2. Principal Place of Essances 2. Marking Arthress 3. Date Incorporated of Qualified OVAL/1994 2. 28 Suite 3. Suite, April #, etc. 3. Country 3. Suite 3. Country 3. Suite 3. Country 3. Country 3. Suite 3. Suite, April #, etc. 3. Country 3. Suite 3. Suite, April #, etc. | US | 339.1 | US | 15 00000 | | | DO NOT WRITE IN | THIS SPACE |
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| Suite, Apt. #, etc. 29 20 City & State Cit | 2. Principal Pl | ace of Business | | Address | | | | |
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| Zp County Zp Doubty B. The corporation even on has paid the current New Internal New I | — | F, OIC. | 27 | | | | 5. Certificate of Status Desired | |
| 20 Country 79 Solid | City & State | | City & S | ilate | | | Election Campaign Financing | |
| Possonal Property Tax due due 90. No Possonal Property Tax due due 90. Possonal Property Tax due due 90. Possonal Property Tax due due 90. Possonal Property Tax | | | | | | | Trust Fund Contribution | Added to Fees |
| DONALSON, RONALD M 311 D. NOLAND DRVE BRANDON FL 33500 82 Street Address (P.O. Box Number is Not Acceptable) 83 Street Address (P.O. Box Number is Not Acceptable) 84 City FL 85 Zep Code 11. Pursuant to the provision 607,000 and 60 | | Country | Zip | | · | y | , | |
| DONALSON, RONALD M 311 D. NOLAND DRIVE BRANDON FL 33500 82 Street Address (P.O. Box Number is Not Acceptable) 83 Lip Code 11. Pursuant to the provisions of Sections 607 6507 and 607 1508. Florids Statutes, the above-named corporation submits this statement for the purpose of changing its registered efficiency or epistered signer, or both, in the State of Florids, South change was authorized by the corporations board of directors. Thereby accepts the exploriment of registered efficiency or expense of the purpose of changing its registered office or registered signers, and the provisions of Sections 607 605, Florids Statutes, and the provisions of Sections 607 605, Florids Statutes, and the provisions of Sections 607 605, Florids Statutes, and the provisions of Sections 607 605, Florids Statutes, and the provisions of Sections 607 605, Florids Statutes, and the provisions of Sections 607 605, Florids Statutes, and the provisions of Sections 607 605, Florids Statutes, and the provisions of Sections 607 605, Florids Statutes, and the provisions of Sections 607 605, Florids Statutes, and the provisions of Sections 607 605, Florids Statutes, and the provisions of Sections 607 605, Florids Statutes, and the provisions of Sections 607 605, Florids Statutes, and the provisions of Sections 607 605, Florids Statutes, and the provisions of Sections 607 605, Florids Statutes, and the provisions of Sections 607 605, Florids Statutes, and the provisions of Sections 607 605, Florids Statutes, and the provisions of Sections 607 605, Florids Statutes, and the Information of Sections 607 605, Florids Statutes, and the Information of Sections 607 605, Florids Statutes, and the Information of Sections 607 605, Florids Statutes, and the Information of Sections 607 605, Florids Statutes, and the Information of Sections 607 605, Florids Statutes, and the Information of Sections 607 605, Florids Statutes, and the Information of Sections 607 607, Florids Statutes, and the Information of Sections 607 607, Florids Statutes, and the Inf | 24 | | | | 30 | | | |
| DUNKLOUR, NORMAN DRYE BRANDON FL 33500 82 Street Address (P.O. Box Number is Not Acceptable) 83 | | | it Registered Ag | ent | | T | 10. Name and Address of New Regist | ered Agent |
| BRANDON FL 33500 B3 B4 City FL 85 Zip Code 11. Pursuant to the provisions of Sections 607 (5002 and 607 1506; Florida Statutos, the above-named corporation submits this statement for the purpose of changing its registered agent. and melline with, and except the objectives. Scale change was authorized by the corporation submits this statement for the purpose of changing its registered agent. In the State of Florida, Such change was authorized by the corporation submits this statement for the purpose of changing its registered agent. In the State of Florida, Such change was authorized by the corporation is board of directors. I hereby accept the appointment as registered agent and accept the objectives. I hereby accept the appointment as registered agent and accept the objectives. I hereby accept the appointment as registered agent and accept the objectives. I hereby accept the appointment as registered agent. I have been accepted when replaced replaced replaced when replaced when replaced when replaced replaced replaced replaced replaced when replaced when replaced replaced replaced repla | | | | | 81 | Name | | |
| 11. Pursuant to the provisions of Sections 607-0502 and 607-1508, Florida Statutos, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Such change was author/prod by the corporation's board of directors. Thereby accept the appointment as registered agent, and because of the collegations of Section 607-0505, Florida Statutos. SIGNATURE | | | | | 82 | 82 Street Address (P.O. Box Number is Not Acceptable) | | |
| 11. Pursuant to the provisions of Sections 607.0502 and 607.1508. Fronta Statutes, the above-named corporation submits this statement for the purpose of changing its 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, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, in the final accept three objections of, Section 607.0505, Florida Statutos. IGNATURE Sprawin: lyord or protein name or registered agent agent agent agent to the protein of the purpose of changing its registered agent agent of directors. I hereby accept the appointment as registered agent age | BR/ | NDON FL 33500 | | | | ļ | | |
| 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Fiorida Stetutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Fiorida Such change was author/brid by the corporation's board of directors. I hereby accept the appointment as registered agent, i.e. mit member with, and eccept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, breat or preted name of registered agent and the if acquirable. (BOTF Registered Agents problem recover when renotating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. If ITTLE ALDAY, THOMAS T. 3025 MOORES LAKE RD. DIVER FL. 13 SIREEL ADDRESS CITY-ST-2P TITLE PD. DOVER FL. 14 OTY-ST-2P TITLE PD. DOVER FL. 14 OTY-ST-2P TITLE PD. DOVER ST. 14 OTY-ST-2P TITLE PD. DOVER FL. 14 OTY-ST-2P TITLE PD. DOVER FL. 15 STD. 16 Change Addition Addition 18 STD. | | | | | 83 | | | |
| 11. Pusuant to the provisions 62 discinos 607 (502) and 607 (506). Florida Statutus, the above-named corporation submits this statement for the purpose of changing its 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 (505, Florida Statutus). SIGNATURE SIGNATURE SIGNATURE COFFICERS AND DIRECTORS 1.1 TILE CD GETER AND DIRECTORS 1.2 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TILE CD JUNE 1.1 TILE ALDAY, THOMAS T. STREET ADDRESS CITY-ST-2P TILE DOVER FL 1.0 CITY-ST-2P TILE DOVER FL 1.0 DELETE 2.1 TILE DOVER S. 1.0 CITY-ST-2P TEMPLE TERRACE FL 2.2 CITY-ST-2P TEMPLE TERRACE FL 3.2 STREET ADDRESS CITY-ST-2P TILE STD DURGENSWAY DR 3.2 STREET ADDRESS CITY-ST-2P TILE STD DELETE 4.1 TILE STD Addition Addition Addition Addition Addition Addition Addition STREET ADDRESS CITY-ST-2P TILE STD DELETE 4.1 TILE STD DELETE 4.1 TILE STD ADDRESS AG(TY-ST-2P) TILE STD DELETE 4.1 TILE STD ADDRESS SEFFNER FL DELETE 4.1 TILE STD ADDRESS SEFFNER FL DELETE 5.1 TILE STD ADDRESS SEFFNER FL DELET | | | | | 84 | City | | FL 85 Zip Code |
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| 64 CITY-ST-ZIP 14. I 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. | | | | | | ADDRESS | | |
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| NOW 1717 7 11 77 17 17 7 1 1 1 1 1 1 1 1 1 | indicatéd of officer or o | on this annual report or supplementa director of the corporation or the reco or Block 13 if changed, or on an atla | al annual report is piver or trustee er chment with an a | true and a cc npowered to ddress. | curate and the execute this | at my sign | nature shall have the same legal effect as if ma required by Chapter 607, Florida Statutes; and | de under oath; that I am an that my name appears in |