

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
May 04, 1999 8:00 am  
Secretary of State

05-04-1999 90044 019 \*\*\*158.75

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DOCUMENT # P94000028561

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/14/1994

4. FEI Number

59-3241140

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional

Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be

Trust Fund Contribution

Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax.

☐ Yes

☒ No

2. Principal Place of Business

21 3925 MOORE LAKE ROAD

Suite, Apt. #, etc.

22

City & State

23 DOVER FL

Zip

24 33527

Country

25 USA

2a. Mailing Address

26 3925 MOORE LAKE ROAD

Suite, Apt. #, etc.

27

City & State

28 DOVER FL

Zip

29 33527

Country

30 USA

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

A.J. MUSIAL, JR.

82 Street Address (P.O. Box Number is Not Acceptable)

4830 W. KENNEDY BLVD

83

SUITE 750

84 City

TAMPA

FL

85 Zip Code

33609

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.

A.J. MUSIAL, JR.

(NOTE: Registered Agent signature required when reinstating)

4/15/99

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

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

TITLE ☐ DELETE

NAME  
PD  
DONALSON, RONALD M  
STREET ADDRESS  
11401 W QUEENSWAY DR  
CITY-ST-ZIP  
TEMPLE TERRACE FL

TITLE ☒ DELETE

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

TITLE ☒ DELETE

NAME  
STD  
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  
PD S

2.3 STREET ADDRESS  
DONALSON, RONALD M.

2.4 CITY-ST-ZIP  
3502 BERGER ROAD

LUTZ, FL 33549

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 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-27-99

813  
685-4576

CR2E034 (1/98)