FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT
1996

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

FILED
Apr 24 1996 8:00 am
Secretary of State

DOCUMENT # **P94000046167 (0)**

1. Corporation Name
ALDAY-DONALSON TITLE INSURANCE COMPANY OF FLORID A, INC.

Principal Place of Business
311 D NOLAND DR
BRANDON FL 33500

Mailing Address
311 D NOLAND DR
BRANDON FL 33500

3. Date Incorporated or Qualified: 06/21/1994
3a. Date of Last Report: 03/08/1995
4. FEI Number: 59-3249458 — Applied For / Not Applicable

2. Principal Place of Business — 21; Suite, Apt #, etc. — 22; City & State — 23; Zip — 24; Country — 25
2a. Mailing Address — 26; Suite, Apt. #, etc — 27; City & State — 28; Zip — 29; Country — 30

5. Certificate of Status Desired [X] — **$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 [X] No

9. Name and Address of Current Registered Agent
ALDAY, THOMAS T
311 D NOLAND DR
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 — DATE

12. OFFICERS AND DIRECTORS

TITLE	D	[ ] DELETE
NAME	ALDAY, THOMAS T	
STREET ADDRESS	3925 MOORES LAKE RD	
CITY-ST-ZIP	DOVER FL 33527	
TITLE	DP	[ ] DELETE
NAME	DONALSON, RONALD M	
STREET ADDRESS	16510 WB PRICHETT LN	
CITY-ST-ZIP	LUTZ FL 33549	
TITLE	DST	[ ] DELETE
NAME	HALCOM, BECKY M	
STREET ADDRESS	1320 S TAYLOR RD	
CITY-ST-ZIP	SEFFNER FL 33684	
TITLE	DV	[ ] DELETE
NAME	BURGNER, KATHY M	
STREET ADDRESS	7904 GEORGE WASHINGTON LANE	
CITY-ST-ZIP	TAMPA 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	CD	[X] 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		
2.4 CITY-ST-ZIP		
3.1 TITLE		[X] Change [ ] Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP	33584	
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 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; 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.

SIGNATURE: Becky M. Halcom — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — 813 685-4576 Daytime Phone #

Becky M. Halcom Sec-Treas

CR2E034 (12/95)