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PROFIT CORPORATION ANNUAL REPORT

1999

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

DOCUMENT # **P94000046167**

1. Corporation Name
ALDAY-DONALSON TITLE COMPANY OF FLORIDA, INC.

Principal Place of Business	Mailing Address
311 D NOLAND DR BRANDON FL 33500	311 D NOLAND DR BRANDON FL 33500

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/21/1994

2. Principal Place of Business 21 3925 MOORE LAKE ROAD	2a. Mailing Address 26 3925 MOORE LAKE ROAD
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 TAMPA FL	City & State 28 TAMPA FL
Zip / Country 24 33527 / 25 USA	Zip / Country 29 33527 / 30 USA

4. FEI Number: 59-3249458 ☐ Applied For ☐ Not Applicable

5. Certifcate 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 owes the current year Intangible Personal Property Tax. ☐ Yes ☑ 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: 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: A.J. MUSIAL, JR. 4/15/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	ALDAY, THOMAS T		1.2 NAME		
STREET ADDRESS	3925 MOORES LAKE RD		1.3 STREET ADDRESS		
CITY-ST-ZIP	DOVER FL		1.4 CITY-ST-ZIP		
TITLE	DP	☐ DELETE	2.1 TITLE	DPS	☑ Change ☐ Addition
NAME	DONALSON, RONALD M		2.2 NAME	DONALSON, RONALD M.	
STREET ADDRESS	11401 W QUEENSWAY DR		2.3 STREET ADDRESS	3502 BERGER ROAD	
CITY-ST-ZIP	TEMPLE TERRACE FL		2.4 CITY-ST-ZIP	LUTZ FL 33549	
TITLE	DST	☑ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	HALCOM, BECKY M		3.2 NAME		
STREET ADDRESS	1320 S TAYLOR RD		3.3 STREET ADDRESS		
CITY-ST-ZIP	SEFFNER FL		3.4 CITY-ST-ZIP		
TITLE	DV	☑ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	BURGNER, KATHY M		4. 2 NAME		
STREET ADDRESS	7904 GEORGE WASHINGTON LANE		4.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (11/98)

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: X SIGNATURE REQUIRED — 4-27-99 — 813 685-4576

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #