

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000049484 (6)

1. Corporation Name

WEST COAST TITLE & ABSTRACT COMPANY

Principal Place of Business

6218 GLEN ABBEY LANE
BRADENTON FL 34202

Mailing Address

5917 MANATEE AVE W.
207
BRADENTON FL 34209
US

2. Principal Place of Business

2a. Mailing Address

21 5917 Manatee Ave W

26 5917 Manatee Ave W

Suite, Apt., #, etc.

Suite, Apt., #, etc.

22 207

27 207

City & State

City & State

23 Bradenton, FL

28 Bradenton, FL

Zip

Zip

24 34209

25 Manatee

29 34209

30 Manatee

9. Name and Address of Current Registered Agent

BURGETT, DAN C
6218 GLEN ABBEY LANE
BRADENTON FL 34202

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 607.1504, Florida Statutes, the above named corporation submits to a 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 607.0502, Florida Statutes.

SIGNATURE

Signature of Agent or Director

Signature of Secretary or Treasurer

and

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE

1. TITLE

NAME
D BURGETT, DAN C
STREET ADDRESS
6218 GLEN ABBEY LANE
CITY-STATE-ZIP
BRADENTON FL 34202

2. NAME
1. STREET ADDRESS
2. CITY-STATE-ZIP

2. TITLE

2. TITLE

NAME
D BURGETT, GERMAINE M
STREET ADDRESS
6218 GLEN ABBEY LANE
CITY-STATE-ZIP
BRADENTON FL 34202

3. NAME
2. STREET ADDRESS
3. CITY-STATE-ZIP

3. TITLE

3. TITLE

NAME
STREET ADDRESS
CITY-STATE-ZIP

4. NAME
3. STREET ADDRESS
4. CITY-STATE-ZIP

4. TITLE

4. TITLE

NAME
STREET ADDRESS
CITY-STATE-ZIP

5. NAME
4. STREET ADDRESS
5. CITY-STATE-ZIP

5. TITLE

5. TITLE

NAME
STREET ADDRESS
CITY-STATE-ZIP

6. NAME
5. STREET ADDRESS
6. CITY-STATE-ZIP

6. TITLE

6. TITLE

NAME
STREET ADDRESS
CITY-STATE-ZIP

7. NAME
6. STREET ADDRESS
7. CITY-STATE-ZIP

7. TITLE

7. TITLE

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(9)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and I am making it as if my signature shall have the same legal effect as if made under oath. That I am an officer or director of the corporation and the receiver or trustee or person in charge of the report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13, unchanged, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPE OR PRINT NAME OF SIGNING OFFICER OR DIRECTOR

Dan C Burgett

3-27-96 941-761-8612

CR2E034 (12/95)