

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

DOCUMENT # P95000009772 (1)

1. Corporation Name

AAA TITLE INSURANCE CORPORATION, INC.



Principal Place of Business

1747 BISCAYNE AVENUE
SOUTH DAYTONA FL 32119

Mailing Address

1747 BISCAYNE AVENUE
SOUTH DAYTONA FL 32119

2. Principal Place of Business

2a. Mailing Address

21 591 BEVILLE ROAD

26 591 BEVILLE ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 SOUTH DAYTONA, FL

28 SOUTH DAYTONA, FL

24 Zip 32119

25 Country VOLUSIA

29 Zip 32119

30 Country VOLUSIA

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

01/31/1995

3a. Date of Last Report

4. FEI Number

Applied For

Not Applicable

5. Certificate 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 has liability for intangible tax under s. 199.032,
Florida Statutes

Yes ☒ No ☐

10. Name and Address of New Registered Agent

EITNEAR, CECELIA C FULLER, CECELIA C.
1747 BISCAYNE AVENUE
SOUTH DAYTONA FL 32119

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 of person providing name of registered agent and the filer (if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PRESIDENT ☐ DELETE
NAME CECELIA C. FULLER
STREET ADDRESS 1747 BISCAYNE AVENUE
CITY-STATE-ZIP SOUTH DAYTONA, FL. 32119

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE ☐ DELETE

NAME

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CITY-STATE-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE VICE-PRESIDENT ☐ Change ☒ Addition

1.2 NAME HARRY V. FULLER

1.3 STREET ADDRESS 1747 BISCAYNE AVENUE

1.4 CITY-STATE-ZIP SOUTH DAYTONA, FLORIDA 32119

2.1 TITLE SECRETARY-TREASURER ☐ Change ☒ Addition

2.2 NAME SARAH G. HART

2.3 STREET ADDRESS 709 STEELE AVENUE

2.4 CITY-STATE-ZIP SOUTH DAYTONA, FLORIDA 32119

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-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 Book 12 or Book 12-P changed, or on an attachment with an address.

SIGNATURE: *Cecelia C. Fuller* CECELIA C. FULLER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/9/96 (904) 767-3007
Date Daytime Phone #

CR2E034 (12/95)