


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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P95 0000 14211			
1. Corporation Name HARRELL TITLE Inc 127 Stephens Lane CRESTVIEW, FLORIDA 32536		Mailing Address PO Box 1609 CRESTVIEW FLA 32536	
2. Principal Place of Business 127 STEPHENS LANE CRESTVIEW FLA. 32536		3. Date Incorporated or Qualified 2-20-95	
2a. Mailing Address 26 Suite, Apt #, etc 27 City & State 28 Zip 29 Country		3a. Date of Last Report 4. FEI Number 59-2302519 5. Certificate of Status Desired 6. Election Campaign Financing Trust Fund Contribution 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	
9. Name and Address of Current Registered Agent DON HARRELL 127 STEPHENS LANE CRESTVIEW FLORIDA 32536		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 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 _____ (Type and print name of registered agent and title if applicable) (NOTE: Registered Agent signature required when re/instating) DATE _____			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP		1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP		2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	
14. I, the undersigned, 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.			
SIGNATURE: Don Harrell		Feb 26, 1997 904-682-1924	

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**HARRELL TITLE, INC.**  
P.O. BOX 1609  
CRESTVIEW, FL 32536  
(904) 682-1924

**Feb. 26, 1997**

Dear Sirs:

Enclosed please find your form 201. Cor Profit A/R along with my check in the amount of \$365.00 as you instructed. Since I incorporated I have not received a annual report form as they apparently were sent to the principal place of business and not to the correct mailing address, therefor I ask that you please correct your files to reflect the correct mailing address and reinstate my corporate status.

Thank you for you co-operation,

Respectfully Yours

  
DON HARRELL