

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
Apr 17 1997 8:00am
Secretary of State

DOCUMENT # P95000023616 (2)

1. Corporation Name
EQUITABLE TITLE AGENCY, INC.



Principal Place of Business

7380 SAND LAKE RD.
STE 534
ORLANDO FL 32819

Mailing Address

7380 SAND LAKE RD.
STE 534
ORLANDO FL 32819-5252

2. Principal Place of Business

21 7575 DR. PHILLIPS BLVD.

Suite, Apt. #, etc.

22 SUITE 270

City & State

23 ORLANDO, FL.

Zip

24 32819

Country

25 USA

2a. Mailing Address

26 7575 DR. PHILLIPS BLVD.

Suite, Apt. #, etc.

27 SUITE 270

City & State

28 ORLANDO, FL.

Zip

29 32819

Country

30 USA

3. Date Incorporated or Qualified

03/22/1995

3a. Date of Last Report

05/02/1996

4. FEI Number

59-3303660

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

9. Name and Address of Current Registered Agent

LARRY, JOSEPH F
7380 SAND LAKE RD.
STE 534
ORLANDO FL 32819

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

7575 DR. PHILLIPS BLVD

83

SUITE 270

84 City

ORLANDO

FL

85 Zip Code

32819

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

NAME JOSEPH, LARRY F
STREET ADDRESS 7380 SAND LAKE RD. STE 534
CITY-ST-ZIP ORLANDO FL 32819

TITLE VP ☐ DELETE

NAME SUMNER, LAURA G
STREET ADDRESS 7380 SAND LAKE RD. STE 534
CITY-ST-ZIP ORLANDO FL 32819

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

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 ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS 7575 DR. PHILLIPS BLVD., SUITE 270
1.4 CITY-ST-ZIP ORLANDO, FL. 32819

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS 7575 DR. PHILLIPS BLVD., SUITE 270
2.4 CITY-ST-ZIP ORLANDO, FL. 32819

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/97

Date

407 370-6664

Daytime Phone #

CR2E034 (9/96)