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PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P95000076414 (8)

1. Corporation Name

PRUDENTIAL TITLE SERVICES, INC.



Principal Place of Business

100 NORTH TAMPA STREET  
#2050  
TAMPA FL 33602

Mailing Address

100 NORTH TAMPA STREET  
#2050  
TAMPA FL 33602

2. Principal Place of Business

21 10100 Valewood Dr.  
Suite, Apt. #, etc.

2a. Mailing Address

26 10100 Valewood Dr.  
Suite, Apt. #, etc.

City & State

23 Naples FL

City & State

28 Naples FL

Zip

24 33999

Country

25 USA

Zip

29 33999

Country

30 USA

9. Name and Address of Current Registered Agent

MCCALL, J C  
100 NORTH TAMPA STREET  
SUITE 2050  
TAMPA FL 33602

81 Name

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

83

84 City

FL

85 Zip Code

3. Date Incorporated or Qualified

10/05/1995

3a. Date of Last Report

4. FFI Number

65-0613264

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

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

*J. Scott McCall, Esq.*  
Signature of registered agent or printed name of registered agent and title, if applicable

*President*  
(NOTE: Registered Agent signature required when re-appointing)

*3/12/96*  
Date

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE  
NAME HARDY, ROBERT P  
STREET ADDRESS 6040 24TH AVENUE N.W.  
CITY-ST-ZIP NAPLES FL 33999

TITLE D ☐ DELETE  
NAME MCCALL, J S  
STREET ADDRESS 100 NORTH TAMPA ST. #2050  
CITY-ST-ZIP TAMPA FL 33602

TITLE D ☐ DELETE  
NAME MOBLEY, GWELDOLYN L  
STREET ADDRESS 2706 S. HORSESHOE DR. #101  
CITY-ST-ZIP NAPLES FL 33942-6154

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.

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

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

☒ Change ☐ Addition

☒ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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 Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*Gwen A. Mobley*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*0-00-96*  
Date

*(813) 262-3111*  
Daytime Phone #

CR2E034 (12/95)