

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

97 JUL 30 PM 1:51

DOCUMENT # P96000103902 (8)

1. Corporation Name

ATTORNEYS' TITLE ACQUISITION CORP.



Principal Place of Business

Mailing Address

5955 T.G. LEE BLVD.
SUITE 500
ORLANDO FL 32822

5955 T.G. LEE BLVD.
SUITE 500
ORLANDO FL 32822

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

3a. Date of Last Report

12/27/1996

4. FEI Number

59-3431117

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 owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 P.O. Box 628600

23 City & State

28 City & State

ORLANDO, FL

24 Zip

Country

29 Zip

32862-8600

Country

USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HINTZE, RUSSELL P
390 NORTH ORANGE AVENUE
SUITE 2500
ORLANDO FL 32801

81 Name

R. NORWOOD GAY, III

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

5955 T.G. LEE BLVD., STE. 500

83

84 City

ORLANDO

FL

85 Zip Code

32802

11. Pursuant to the provisions of Sections 607.0502 and 607.1503, 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 R. NORWOOD GAY, III R. NORWOOD GAY, III

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when appointing a new agent.)

DATE

7-17-97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☒ DELETE

NAME HINTZE, RUSSELL P
STREET ADDRESS 390 NORTH ORANGE AVENUE, SUITE 2500
CITY-ST-ZIP ORLANDO FL 32801

1.1 TITLE

DIRECTOR, PRESIDENT, SECRETARY
MICHAEL R. HAMMOND
5955 T.G. LEE BLVD. SUITE 500
ORLANDO, FL 32822

☒ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

400002256514--3
-08/04/97--01106--001
****165.00 ****165.00

☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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.

CR2E034 (4/97)