

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandia B. Minthorn
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **S67423** (1)
1. Corporation Name
AMERICAN STANDARD TITLE INSURANCE CORPORATION



Principal Place of Business

Mailing Address

900 UNIVERSITY BLVD. N
SUITE 109
JACKSONVILLE FL 32211
US

900 UNIVERSITY BLVD. N
SUITE 109
JACKSONVILLE FL 32211
US

2. Principal Place of Business

2a. Mailing Address

21. State, Apt. #, etc.

26. State, Apt. #, etc.

23. City & State

27. City & State

24. Zip

25. Country

29. Zip

30. Country

3. Date Incorporated or Qualified

07/15/1991

3a. Date of Last Report

03/13/1995

4. FBI Number

59-3117855

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

10. Name and Address of New Registered Agent

FOUNTAIN, V. THOMAS
900 UNIVERSITY BLVD. N
SUITE 109
JACKSONVILLE FL 32211

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 607.0602 and 607.1506, 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 607.0605, Florida Statutes.

SIGNATURE

Signature of person authorized to sign this report

Signature of Registered Agent (signature required when appointing)

DATE

12. OFFICERS AND DIRECTORS

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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)(g), 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 in an attachment with an address.

SIGNATURE:

V. Thomas Fountain
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/21/96

904-745-1166

CR2E034 (12/95)