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PROFIT CORPORATION ANNUAL REPORT

1996

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

FILED
Apr 03, 1996 08:00 AM
Secretary of State

DOCUMENT # **S93594** **(7)**

1. Corporation Name
STEWART RIVER CITY TITLE, INC.

Principal Place of Business
3351 HENDRICKS AVENUE
JACKSONVILLE FL 32207

Mailing Address
3351 HENDRICKS AVENUE
JACKSONVILLE FL 32207

3. Date Incorporated or Qualified: **11/13/1991**
3a. Date of Last Report: **03/13/1995**

2. Principal Place of Business
21 7785 Baymeadows Way
Suite, Apt. #, etc.
22 # 111
City & State
23 Jacksonville FL
Zip 24 32256 Country 25 DUVAL

2a. Mailing Address
26 7785 Baymeadows Way
Suite, Apt. #, etc.
27 # 111
City & State
28 Jacksonville FL
Zip 29 32256 Country 30 DUVAL

4. FEI Number: **59-3104516** ☐ 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

HICKMAN, HAROLD
3834 NEPTUNE STREET
TAMPA FL 33629

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 3401 West Cypress St.
83 Suite 202
84 City TAMPA FL 85 Zip Code 33607

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when name changes)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HICKMAN, HAROLD E. 3351 HENDRICKS AVE JACKSONVILLE FL	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☒ Change ☐ Addition 7785 Baymeadows Way # 111 Jacksonville FL 32256
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BALKDWIN, KEVIN 3351 HENDRICKS AVE JACKSONVILLE FL	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☒ Change ☐ Addition 7785 Baymeadows Way # 111 Jacksonville FL 32256
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD BARKER, SIMON P. 3351 HENDRICKS AVE JACKSONVILLE FL	☒ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☒ Addition PRES IRA JAY LONDON 7785 Baymeadows Way # 111 JAX FL 32256
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (12/95)

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)(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

2-14-96
Date

(904) 356-6733
Daytime Phone #