

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # S97017 (5)

1. Corporation Name

WINTER PARK TITLE INSURANCE AGENCY, INC.



Principal Place of Business

Mailing Address

507 N NEW YORK AVE  
SUITE 303  
WINTER PARK FL 32789  
US

507 N NEW YORK AVE  
SUITE 303  
WINTER PARK FL 32789  
US

3. Date Incorporated or Qualified  
11/26/1991

3a. Date of Last Report  
04/17/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number  
59-3145447

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

JOHN H KING  
507 N NEW YORK AVE  
SUITE 303  
WINTER PARK FL 32789

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 607.0502 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 the if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D  
NAME MCCOY, RAYMOND D  
STREET ADDRESS 628218 LAUREL OAK LANE  
CITY-ST-ZIP ALTAMONTE SPRINGS FL

☐ DELETE

TITLE D  
NAME KING, JOHN H  
STREET ADDRESS 492 FLETCHER PLACE  
CITY-ST-ZIP WINTER PARK FL

☐ DELETE

TITLE D  
NAME ~~WALKER, EILEEN~~  
STREET ADDRESS ~~8679 SAN MARCO WAY~~  
CITY-ST-ZIP ~~ORLANDO FL~~

☒ DELETE

TITLE D  
NAME ~~DAVIS, A LYNN~~  
STREET ADDRESS ~~5427 KENYON RD~~  
CITY-ST-ZIP ~~ORLANDO FL~~

☒ DELETE

TITLE D  
NAME BENTON, RONALD  
STREET ADDRESS 783 KEENELAND PIKE  
CITY-ST-ZIP LAKE MARY FL

☐ DELETE

TITLE D  
NAME J.C. PETERSON, JR.  
STREET ADDRESS 1115 E. LIVINGSTON ST.  
CITY-ST-ZIP ORLANDO, FL 32803

☐ DELETE

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

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 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 617, 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

6/5/96

(HOT) 539-2800

CR2E034 (3/96)