

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # V05153 (4)

1. Corporation Name

ACCREDITED TITLE SERVICES, INC.



Principal Place of Business

**300 31ST ST N
SUITE 101
ST PETERSBURG FL 33713**

Mailing Address

**300 31ST ST N
SUITE 101
ST PETERSBURG FL 33713**

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 **CLARK, BLAIR W.
300 31ST ST N
SUITE 101
ST PETERSBURG FL 33713**

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified
01/03/1992

3a. Date of Last Report
02/10/1995

4. FEI Number

59-3099254

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

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 state of appointment)

(NOTE: Registered agent signature required when changing)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE
NAME **CLARK, BLAIR W.**
STREET ADDRESS **300 31ST ST N STE 101**
CITY-ST-ZIP **ST PETERSBURG FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

14 ☐ Change ☐ Addition
15 NAME
16 STREET ADDRESS
17 CITY-ST-ZIP

20 ☐ Change ☐ Addition
21 NAME
22 STREET ADDRESS
23 CITY-ST-ZIP

30 ☐ Change ☐ Addition
31 NAME
32 STREET ADDRESS
33 CITY-ST-ZIP

40 ☐ Change ☐ Addition
41 NAME
42 STREET ADDRESS
43 CITY-ST-ZIP

50 ☐ Change ☐ Addition
51 NAME
52 STREET ADDRESS
53 CITY-ST-ZIP

60 ☐ Change ☐ Addition
61 NAME
62 STREET ADDRESS
63 CITY-ST-ZIP

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 reports 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

Date

Daytime Phone #

CR2E034 (12/95)