

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 157436 (7)
1. Corporation Name
HALIFAX TITLE COMPANY



Principal Place of Business: 011-C WEST 23RD ST. P. O. BOX 2493 PANAMA CITY FL 32402
Mailing Address: 011-C WEST 23RD ST. P. O. BOX 2493 PANAMA CITY FL 32402

3. Date Incorporated or Qualified: 03/11/1949
3a. Date of Last Report: 05/01/1995
4. FEI Number: 59-0609427
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

2. Principal Place of Business: 21
2a. Mailing Address: 26
Suite, Apt #, etc.: 22
City & State: 27
City & State: 28
Zip: 24 Country: 25 Zip: 29 County: 30

9. Name and Address of Current Registered Agent
**PRESTWOOD, CINDY M.
011 W. 23 STREET
BLDG. C.
PANAMA CITY FL**

10. Name and Address of New Registered Agent
81 Name: DONALD R. CRISP
82 Street Address (P.O. Box Number is Not Acceptable): 011-C WEST 23RD STREET
83
84 City: PANAMA CITY FL 85 Zip Code: 32405

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 607.0503, Florida Statutes.

SIGNATURE: *[Signature]*
Signature typed or printed name of registered agent and the date

12. OFFICERS AND DIRECTORS

| | | |
|----------------|----------------------|--|
| TITLE | CD | <input type="checkbox"/> DELETE |
| NAME | CRISP, DONALD R | |
| STREET ADDRESS | 731 DRIFTWOOD DR. | |
| CITY-ST-ZIP | LYNN HAVEN FL | |
| TITLE | ST | <input type="checkbox"/> DELETE |
| NAME | MEDLOCK, G.W. | |
| STREET ADDRESS | 710 HUNTINGDON ROAD | |
| CITY-ST-ZIP | PANAMA CITY FL | |
| TITLE | DP | <input type="checkbox"/> DELETE |
| NAME | HENDERSON, DONALD C. | |
| STREET ADDRESS | 353 HUNTERS CROSSING | |
| CITY-ST-ZIP | TALLAHASSEE FL | |
| TITLE | DV | <input checked="" type="checkbox"/> DELETE |
| NAME | PRESTWOOD, CINDY M. | |
| STREET ADDRESS | 16259 LULLWATER DR. | |
| CITY-ST-ZIP | PANAMA CITY BCH. FL | |
| TITLE | V | <input type="checkbox"/> DELETE |
| NAME | RAY, CRISP D JR | |
| STREET ADDRESS | 139 CANDLEWICK CIR | |
| CITY-ST-ZIP | PANAMA CITY FL | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|--------------------|--|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY-ST-ZIP | |
| 2.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | STD |
| 2.3 STREET ADDRESS | |
| 2.4 CITY-ST-ZIP | |
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY-ST-ZIP | |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY-ST-ZIP | |
| 5.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | VD |
| 5.3 STREET ADDRESS | |
| 5.4 CITY-ST-ZIP | |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | |
| 6.3 STREET ADDRESS | |
| 6.4 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 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]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 25, 1996 (904) 763-2399

CR2E034 (12/95)