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Feb 11 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 378439 (4)
1. Corporation Name
MIDWEST TITLE GUARANTEE COMPANY OF FLORIDA



Principal Place of Business
3936 N. TAMiami TRAIL, STE. A
NAPLES FL 34103-34103

Mailing Address
3936 N. TAMiami TRAIL, STE. A
NAPLES FL 34103-3592

3. Date Incorporated or Qualified
03/09/1971

3a. Date of Last Report
02/23/1996

4. FEI Number
59-1349487

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 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country

9. Name and Address of Current Registered Agent
COLEMAN, PAULA R.
3936 N. TAMiami TRAIL, STE. A
NAPLES FL 34103-34103

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code
FL 34103

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 title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	TOCD	☐ DELETE
NAME	VOGEL, RICHARD M	
STREET ADDRESS	3936 N. TAMiami TR #A	
CITY-ST-ZIP	NAPLES, FL 34103-34103	
TITLE	VD	☐ DELETE
NAME	HUFF, BETTY A.	
STREET ADDRESS	3936 N. TAMiami TR #A	
CITY-ST-ZIP	NAPLES FL 34103	
TITLE	VO	☐ DELETE
NAME	VOGEL, JAMES D.	
STREET ADDRESS	3936 N. TAMiami TR #A	
CITY-ST-ZIP	NAPLES FL 34103	
TITLE	PD	☐ DELETE
NAME	COLEMAN, PAULA R.	
STREET ADDRESS	3936 N. TAMiami TR #A	
CITY-ST-ZIP	NAPLES FL 34103	
TITLE	VD	☐ DELETE
NAME	PILKEY, JEANNINE C	
STREET ADDRESS	3936 N. TAMiami TR #A	
CITY-ST-ZIP	NAPLES, FL 33940 34103	
TITLE	S	☐ DELETE
NAME	HASTY, CELESTINE A.	
STREET ADDRESS	3936 N. TAMiami TR #A	
CITY-ST-ZIP	NAPLES FL 34103	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	☐ Change ☐ 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 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: *Paula R. Coleman*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
PAULA R. COLEMAN
Daytime Phone # (941) 262-2163

CR2E034 (9/96)