FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

NAPLES FL

CITY-ST-ZIP

7.15



ELORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # 378439 MIDWEST TITLE GUARANTEE COMPANY OF FLORIDA Principal Place of Business Mailing Address 3936 N. TAMIAMI TRAIL STE. A 3936 N. TAMIAMI TRAIL, STE. A NAPLES FL 89940" NAPLES FL 34103 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 03/09/1971 2. Principal Place of Business 2a. Mailing Address 4 FEI Number Applied For 21 26 59-1349487 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional \Box 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zip Country 8. This corporation owes or has paid the current year Intangible 34103 □ Ño 30 Yes Yes 25 29 Personal Property Tax due June 30. 24 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name COLEMAN, PAULA R. 3936 N. TAMIAMI TRAIL, STE. A 82 Street Address (P.O. Box Number is Not Acceptable) NAPLES FL 34103 83 84 City 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, typicd or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) (10/97 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. XX Change TCD DELETE 1.1 TITLE Addition TITLE **VOGEL, RICHARD M CR2E034** 1.2 NAME NAME 3936 N. TAMIAMI TR #A STREET ADDRESS 1.3 STREET ADDRESS Naples, FL 34103 NAPLES, FL 03940 1.4 CITY-ST-ZiP CITY - ST - ZIP Addition DELETE Change TITLE 21 TITLE HUFF, BETTY A. NAME 2.2 NAME 3936 N. TAMIAMI TR #A STREET ADDRESS 2.3 STREET ADDRESS NAPLES FL CITY-ST-ZIP 2.4 CITY - ST - ZIP DELETE 3.1 TITLE Change Addition TITLE VOGEL, JAMES D. 3 2 NAME NAME 3936 N. TAMIAMI TR #A STREET ADDRESS 3.3 STREET ADDRESS NAPLES FL CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition 41 TITLE TITLE NAME COLEMAN, PAULA R. 4. 2 NAME 3936 N. TAMIAMI TR #A STREET ADDRESS 4.3 STREET ADDRESS NAPLES FL 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change ☐ Addition 5.1 TITLE TITLE NAME PILKEY, JEANNINE C 5.2 NAME 3936 N. TAMIAMI TR #A 5.3 STREET ADDRESS STREET ADDRESS NAPLES, FL 33940 CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Addition Change TITLE 6.1 TITLE NAME HASTY, CELESTINE A. 6.2 NAME 3936 N. TAMIAMI TR #A STREET ADDRESS **6.3 STREET ADDRESS**

6.4 CITY-ST-ZIP 14. I 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 100 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 allockment with an address.

> 3/20/98 941-262-2163

FILED

Mar 25 1998 8:00am