

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 22, 1999 8:00 am  
Secretary of State

04-22-1999 90087 046 \*\*\*158.75

DOCUMENT # 378439

1. Corporation Name

MIDWEST TITLE GUARANTEE COMPANY OF FLORIDA

Principal Place of Business

3936 N. TAMiami TRAIL. STE. A  
NAPLES FL 34103  
US

Mailing Address

3936 N. TAMiami TRAIL. STE. A  
NAPLES FL 34103  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/09/1971

4. FEI Number

59-1349487

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be  
Added to Fees

Trust Fund Contribution

8. This corporation owes the current year Intangible

Personal Property Tax. ☐ Yes ☐ No

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

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

COLEMAN, PAULA R.  
3936 N. TAMiami TRAIL, STE. A  
NAPLES FL 34103

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE TCD ☐ DELETE  
NAME VOGEL, RICHARD M  
STREET ADDRESS 3936 N. TAMiami TR #A  
CITY-ST-ZIP NAPLES, FL 33940 34103

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP Zip code 34103

TITLE VD ☐ DELETE  
NAME VOGEL, JAMES D.  
STREET ADDRESS 3936 N. TAMiami TR #A  
CITY-ST-ZIP NAPLES FL

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP Zip code 34103

TITLE PD ☐ DELETE  
NAME COLEMAN, PAULA R.  
STREET ADDRESS 3936 N. TAMiami TR #A  
CITY-ST-ZIP NAPLES FL

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP Zip code 34103

TITLE VD ☐ DELETE  
NAME PILKEY, JEANNINE C  
STREET ADDRESS 3936 N. TAMiami TR #A  
CITY-ST-ZIP NAPLES, FL 33940

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP Zip code 34103

TITLE S ☐ DELETE  
NAME HASTY, CELESTINE A.  
STREET ADDRESS 3936 N. TAMiami TR #A  
CITY-ST-ZIP NAPLES FL

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP Zip code 34103

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
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 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, with all other like empowered.

SIGNATURE: *By SIGNATURE OF PAULA R. COLEMAN*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

941-262-2163

Date

Daytime Phone #

CR2E034 (11/98)

0455973