Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90172 013 \*\*\*450.00

## 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

## DOCUMENT # **L66699**

1. Corporation Name

ABSTRACTERS' TITLE COMPANY OF CENTRAL FLORIDA, I

| NC.   |  |                                    |   |   |   |  |                                     |                        |
|---|--|------------------------------------|---|---|---|--|-------------------------------------|------------------------|
| Principal Place                                   | e of Business                                    | Mailing Address                    |   |   |   | { F (002)0)  014 0)  # 0170 02  0 10170 10170 202  | OTAL BIET BIEL E                    | ERI DEBIT IDE          |
| 2265 LEE RD. 2265 LEE RD.                         |  |                                    |   |   |   |  |                                     |                        |
| SUITE 125   |  | SUITE 125                          | SUITE 125   |   |   | DO NOT WRITE IN THIS SPACE   |                                     |                        |
| WINTER PARK FL 32789 WINTER PARK FL 32789         |  |                                    |   |   | DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified |  |                                     |                        |
| US  |  | US                                 |   |   |   | 04/18/1990   |                                     |                        |
| O Delegation D                                    | lace of Business                                 | 2a. Mailing Address                |   |   |   | 4. FEI Number  | Ani                                 | olied For              |
| <u> </u>  | lace of business                                 | 26.                                |   |   |   | 59-3010423   |                                     | Applicable             |
| Suite, Apt.                                       | # etc -  | Suite, Apt. #, etc.                |   |   |   |  | \$8.75 Ā                            |                        |
| 22  |  | 27                                 |   |   | 5. Certifcate of Status Desired                               | Fee Re   | quired                              |                        |
| City & State                                      |  | City & State                       |   |   | 6. Election Campaign Financing                                | \$5.00   | May Be                              |                        |
| 23  |  | 28                                 |   | Trust Fund Contribution                                     | Added to  | Fees   |                                     |                        |
| Zip Country                                       |  | Zip Country                        |   |   | 8. This corporation owes the current year Intangible          |  |                                     |                        |
| 24  | 25   | 29                                 | 30  |   |   | Personal Property Tax.   | ∠ Yes                               | □No                    |
|   | 9. Name and Address of Curr                      | ent Registered Agent               |   |   |   | 10. Name and Address of New Registere  | d Agent                             |                        |
|   |  |                                    | ]   | 81  | Name  |  |                                     |                        |
|   | NELER, AL A.                                     |                                    | - t   | 82  | Street Addr   | ress (P.O. Box Number is Not Acceptable)   |                                     |                        |
| 2265 LEE RD.                                      |  |                                    | 1   |   |   |  |                                     |                        |
| STE   |  |                                    | 1   | 83  |   |  |                                     |                        |
| WIN   | ter Park FL 32789                                |                                    | +   | 84  | City  |  | 85 Zip C                            | ode                    |
|   |  |                                    |   |   | -   | F  | _                                   |                        |
| 11. Pursuant                                      | to the provisions of Sections 607.0              | 502 and 607.1508, Florida Statut   | tes, the ab   | ove-  | named corp  | poration submits this statement for the purpose on's board of directors. I hereby accept the app | of changing its<br>jointment as ret | registered<br>sistered |
| agent. I a  | m familiar with, and accept the obli             | igations of, Section 607.0505, Flo | rida Statu  | tes.  | ile corporati   | on a bound of directions. The objection of   |                                     |                        |
| SIGNATURE   |  |                                    |   |   |   |  |                                     |                        |
| 0.0.1.1.0.1.2                                     | Signature, typed or printed name of registered a |                                    | <u> </u>  | Agent   | signature require   | d when reinstating) DATE   | NIS SUBFOTO                         | 00.0142                |
| 12.   |  | AND DIRECTORS                      | 13.   |   |   | ADDITIONS/CHANGES TO OFFICERS  | Change                              | Addition               |
| TITLE   | PST AL A   | ( ) DELETE                         | 1.1 TITLE<br>1.2 NAME   |   | }   |  |                                     |                        |
| NAME  | CHENELER, AL A.                                  |                                    |   |   |   |  |                                     |                        |
| STREET ADDRESS                                    | 2265 LEE RD. STE 125                             |                                    | 1.3 STREET  |   | ì   |  |                                     | .                      |
| CITY-ST-ZIP                                       | WINTER PARK FL                                   | ☐ DELETÉ                           | 1.4 CITY-   |   | -ZIP  |  | Change                              | ☐ Addition             |
| TITLE   | D  |                                    |   | 2.1 TITLE   |   |  |                                     |                        |
| NAME  | CHENELER, AL A.                                  |                                    | 2.2 NAME  |   |   |  |                                     |                        |
| STREET ADDRESS                                    | 2265 LEE RD. STE 125                             |                                    |   |   | ADORESS   | •  |                                     |                        |
| CITY-ST-ZIP                                       | WINTER PARK FL                                   |                                    | _   | 2. 4 CfTY-ST-ZIP 3.1 T/TLE                                  |   |  | ["] Change                          | Addition               |
| TITLE   |  | C DECESE                           | 1   |   |   |  |                                     |                        |
| NAME  |  |                                    | 3.2 NA  |   |   |  |                                     |                        |
| STREET ADDRESS                                    |  |                                    | 3.3 51  |   | ADDRESS   |  |                                     |                        |
| CITY-ST-ZIP                                       |  |                                    |   |   |   |  |                                     | - Addition             |
| TITLE   |  | □ DELETE                           | 3.4. CIT  |   | -ZIF  |  | ☐ Change                            | 1 Addition (           |
| NAME  | 1  | DELETE                             | 4.1 TITI  | LE  | -21   |  | Change                              | ☐ Addition             |
|   |  | OELETE                             | 4.1 TITI<br>4. 2 NA   | LE<br>ME  |   |  | Change                              |                        |
| STREET ADDRESS                                    |  | ☐ DELETE                           | 4.1 TITI<br>4. 2 NA<br>4.3 STF  | LE<br>ME<br>REET  | ADDRESS   |  | ☐ Change                            |                        |
| CITY-\$T-ZIP                                      |  |                                    | 4.1 TITI<br>4. 2 NA<br>4.3 STF<br>4.4 CIT   | LE<br>ME<br>REETA<br>Y-ST-                                  | ADDRESS   |  |                                     |                        |
| CITY-ST-ZIP                                       |  | ☐ DELETE                           | 4.1 TITI<br>4. 2 NA<br>4.3 STF<br>4.4 CIT<br>5.1 TITI                                 | LE<br>ME<br>REET/<br>Y-ST-<br>LE                            | ADDRESS   |  | ☐ Change                            | ☐ Addition             |
| CITY-ST-ZIP TITLE NAME                            |  |                                    | 4.1 TITI<br>4.2 NA<br>4.3 STF<br>4.4 CIT<br>5.1 TITI<br>5.2 NA                        | LE<br>ME<br>REET/<br>Y-ST-<br>LE<br>ME                      | ADDRESS .   |  |                                     |                        |
| CITY-ST-ZIP TITLE NAME STREET ADDRESS             |  |                                    | 4.1 TITI<br>4.2 NA<br>4.3 STF<br>4.4 CIT<br>5.1 TITI<br>5.2 NAJ<br>5.3 STF            | ME REET A Y-ST- LE ME REET A                                | ADDRESS .   |  |                                     |                        |
| CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP |  | ☐ DELETÉ                           | 4.1 TITI<br>4.2 NA<br>4.3 STF<br>4.4 CIT<br>5.1 TITI<br>5.2 NA                        | LE ME REET/ Y-ST- LE ME REET/ Y-ST-                         | ADDRESS .   |  |                                     |                        |
| CITY-ST-ZIP TITLE NAME STREET ADDRESS             |  |                                    | 4.1 TITI<br>4.2 NA<br>4.3 STF<br>4.4 CIT<br>5.1 TITI<br>5.2 NAJ<br>5.3 STF<br>5.4 CIT | ME Y-ST- LE WE Y-ST- LE | ADDRESS .   |  | Change                              | ☐ Addition             |

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.

6.4 CITY-\$T-ZIP

SIGNATURE:

STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR