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

**PROFIT** CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # L89117

(0)

SOUTHERN TITLE AND ABSTRACT, INC.

## **FILED** Feb 10 1998 8:00am Secretary of State



8-145 WINTER PARK US	Y PARK DRIVE FL 32782 ace of Business V, etc	Mailing Address  130 UNIVERSITY PARK [ S-145 S-145 WINTER PARK FL 32782 US  26. Mailing Address 26. Suite, Apt. #, etc. 27. City & State 28.		6. Election Campaign Financing	Applied For Not Applicable \$8.75 Additional Fee Required \$5.00 May Be Added to Fees
Zip	Country		Country	8. This corporation owes or has paid	
24	9. Name and Address of Curre	29  nt Registered Agent	30	Personal Property Tax due June 30  10. Name and Address of New Regis	
CRENSHAW, MILDRED M 995 SHETLAND AVENUE WINTER SPRINGS FL 32708				Address (P.O. Box Number is Not Acceptable	FL 85 Zip Code
office or re agent. I an SIGNATURE	o the provisions of Sections 607.056 gistered agont, or both, in the State in familiar with, and accept the oblig Signal in light or preterment agons in the	e of Flonda. Such change was gations of, Section 607,0505, F	authorized by the cor	corporation submits this statement for the pur poration's board of directors. I hereby accept to a consider when reputation	pose of changing its registered the appointment as registered
12.		ID DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICE	
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	P CRENSHAW, MILDRED M. 995 SHETLAND AVE WINTER SPRINGS FL	DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	Huch T. Crenshaw 975 Shotland Ave Winter Springs, FL	Change 🕍 Addition
TITLE NAME STREET ADDRESS CITY-SI-ZIP		☐ DELFTE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ DELETE	3 1 TITLE 3 2 NAME 3 3 STREET ADDRESS 3 4. CITY-ST-ZIP		Change Addition
TITLE NAME STREET ADDRESS GITY-ST-ZIP		☐ DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP		Change Addition
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP		□ DELFTE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CHTY-ST-ZIP		Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP		☐ Change ☐ Addition
14. I hereby co	ertity that the information supplied v	vith this filing does not qualify t	for the exemption state	ed in Section 119.07(3)(i), Florida Statutes. I fur	ther 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