FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P94000002037 (7)**

1. Corporation Name

~~CHARLOTTE COUNTY ABSTRACT & TITLE CO., INC.~~

Stewart Title of Charlotte County, Inc.

N/C 12/29/95 PKB

Principal Place of Business	Mailing Address
2825 TAMIAMI TRAIL SUITE B2 PUNTA GORDA FL 33950	2825 TAMIAMI TRAIL SUITE B2 PUNTA GORDA FL 33950

3. Date Incorporated or Qualified: **01/07/1994**

3a. Date of Last Report: **03/01/1995**

2. Principal Place of Business — 21:

2a. Mailing Address — 26:

Suite, Apt. #, etc. — 22:

Suite, Apt. #, etc. — 27:

City & State — 23:

City & State — 28:

Zip — 24: Country — 25:

Zip — 29: Country — 30:

4. FEI Number: **59-3217622** ☐ 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

9. Name and Address of Current Registered Agent

HICKMAN, HAROLD
3401 W. CYPRESS ST.
TAMPA FL 33607

10. Name and Address of New Registered Agent

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's signature required when name is changed) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	☒ DELETE	1.1 TITLE	Director	☒ Change ☐ Addition
NAME	HICKMAN, HAROLD		1.2 NAME	Hickman, Harold	
STREET ADDRESS	3401 W. CYPRESS ST., STE. 202		1.3 STREET ADDRESS	3401 W. Cypress St. Ste.202	
CITY-ST-ZIP	TAMPA FL 33607		1.4 CITY-ST-ZIP	Tampa, FL 33607	
TITLE	President	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	Linda Vallier		2.2 NAME		
STREET ADDRESS	2825 Tamiami Trail Ste.B2		2.3 STREET ADDRESS		
CITY-ST-ZIP	Punta Gorda, FL 33950		2.4 CITY-ST-ZIP		
TITLE	Secretary	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	Jimmy Hickman		3.2 NAME		
STREET ADDRESS	3401 W. Cypress St., STE 202		3.3 STREET ADDRESS		
CITY-ST-ZIP	Tampa, FL 33607		3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE	900001778118	☐ Change ☐ Addition
NAME			5.2 NAME	-04/12/96--01028--022	
STREET ADDRESS			5.3 STREET ADDRESS	***200.00	
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		JR
STREET ADDRESS			6.3 STREET ADDRESS		4-11-96
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Linda Vallier Linda Vallier 4-2-96 941- 639-4178

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #