## 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 # P96000073414

1 Corporation Name

FLORIDA TITLE SERVICES, INC.

Mailing Address Principal Place of Business 2605 ENTERPRISE RD E #150 2605 ENTERPRISE RD E #150 CLEARWATER FL 33759 **CLEARWATER FL 33759** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 08/30/1996 4. FEI Number Applied For 2a. Mailing Address 2. Principal Place of Business 59-3396965 Not Applicable 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 22 \$5.00 May Be City & State 6. Election Campaign Financing City & State Trust Fund Contribution Added to Fees 23 28 Zip Country 8. This corporation owes the current year Intangible Country Zip Personal Property Tax. 30 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent BAUMGART, WILLIAM Street Address (P.O. Box Number is Not Acceptable) 2605 ENTERPRISE RD E #150 **CLEARWATER FL 33759** 83 Zip Code 85 City 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. ADDITIONS/CHANGES:TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. DELETE 1.1 TITLE TITLE GORMAN, IAN 1.2 NAME 16161 CRAIEND PLACE 1.3 STREET ADDRESS STREET ADDRESS ODESSA FL 1.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ DELETE 2.1 TITLE TITLE SKETCH, JAMES C. 22 NAME NAME 2605 ENTERPRISE RD., #E150 2.3 STREET ADDRESS STREET ADDRESS CLEARWATER FL 2. 4 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition DELETE 3.1 TITLE TITLE TOTAL SERVICE 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS Francia de o 3.4. CITY-ST-ZIP CITY-ST-ZIP Change ☐ DELETE 4.1 TITLE TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change DELETE 51 TITLE TITLE

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 Pleat 13 or Pleat 14 or Pleat 1

5.2 NAME

6.1 TITLE

6.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

64 CITY-ST-ZIP

SIGNATURE:

121.04 OND 151.031

NAME

TITLE

NAME STREET ADORESS

STREET ADDRESS

CITY-ST-ZIP

TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ DELETE

GORMAN

1-19-99

FILED

Feb 08, 1999 8:00am

**Secretary of State** 

02-08-1999 90026 021 \*\*\*150.00

(727) 796-560 Daytime Phone # .

☐ Addition

CR2E034 (11/98)