

DOCUMENT # P98000102861

1. Entity Name  
SWEETWATER TITLE CO., INC.



**FILED**  
**Jan 18, 2005 08:00 AM**  
**Secretary of State**

Principal Place of Business  
8110 S. SUNCOAST BLVD.  
HOMOSASSA, FL 34446

Mailing Address  
8110 S. SUNCOAST BLVD.  
HOMOSASSA, FL 34446



01142005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-3554836

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GOUGH, TRACY L  
8110 S. SUNCOAST BLVD.  
HOMOSASSA, FL 34446

**DO NOT WRITE  
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*Tracy L. Gough*  
Signature, typed or printed name of registered agent and title (if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

1-14-05

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

1000000182865  
01/19/05-80044-014 150.00

10. OFFICERS AND DIRECTORS

TITLE P  
NAME PONTICOS, STEVE  
STREET ADDRESS 7 BYRONSONIMA CT. W.  
CITY-ST-ZIP HOMOSASSA, FL 34446

TITLE VP  
NAME TATE, LARRY  
STREET ADDRESS 11 BYRSONIMA CT W  
CITY-ST-ZIP HOMOSASSA, FL 34446

TITLE S  
NAME BRUNSINK, WAYNE  
STREET ADDRESS 14 CHINKAPIN CR  
CITY-ST-ZIP HOMOSASSA, FL 34446

TITLE T  
NAME CHRISTENSEN, ROBERT R  
STREET ADDRESS 4 SHORT LEAF CT. W.  
CITY-ST-ZIP HOMOSASSA, FL 34446

TITLE D  
NAME JACOBY, JAMES J  
STREET ADDRESS 4 QUAIL RUN  
CITY-ST-ZIP HOMOSASSA, FL 34446

TITLE D  
NAME GOUGH, TRACY L  
STREET ADDRESS 1554 SE PINWHEEL DR  
CITY-ST-ZIP CRYSTAL RIVER, FL 34429

**DO NOT WRITE  
IN THIS SPACE**

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

*Tracy L. Gough*  
Signature, typed or printed name of registered agent and title (if applicable)

1-14-05 252-182-7779