

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

FILED
Mar 05, 1999 8:00 am
Secretary of State

03-05-1999 90032 012 ***150.00

DOCUMENT # 315380

1. Corporation Name
STEWART TITLE OF PINELLAS, INC.



Principal Place of Business
**4134 CENTRAL AVE
ST PETERSBURG FL 33711**

Mailing Address
**4134 CENTRAL AVE
ST PETERSBURG FL 33711**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
04/03/1967

2. Principal Place of Business

2a. Mailing Address

4. FEI Number
59-1173288

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

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

City & State

City & State

6. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00** May Be
Added to Fees

Zip Country

Zip Country

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HICKMAN, HAROLD E.
3401 W CYPRESS #101
TAMPA FL 33607**

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 signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME **D KNAPP, MAITLAND**
STREET ADDRESS **13670 LAKE POINTE DR**
CITY-ST-ZIP **CLEARWATER FL**

1.1 TITLE ☐ Change ☒ Addition
1.2 NAME **FIRST VICE PRESIDENT**
1.3 STREET ADDRESS **PRICE, KAREN S**
1.4 CITY-ST-ZIP **4654 11th AVE. NORTH
ST. PETERSBURG, FL 33713**

TITLE ☐ DELETE
NAME **CP HUSSEY, KEVIN M**
STREET ADDRESS **310 A PINELLAS BAYWAY**
CITY-ST-ZIP **TERRA VERDE FL**

2.1 TITLE ☐ Change ☒ Addition
2.2 NAME **VP DAVIS, PETER H.**
2.3 STREET ADDRESS **2416 YORK ST NORTH**
2.4 CITY-ST-ZIP **ST PETERSBURG FL 33710**

TITLE ☐ DELETE
NAME **D O'CONNELL, PHILIP J**
STREET ADDRESS **521 HAVEN PT ROAD**
CITY-ST-ZIP **TREASURE ISLAND FL**

3.1 TITLE ☐ Change ☒ Addition
3.2 NAME **D HICKMAN, HAROLD E.**
3.3 STREET ADDRESS **3401 W. CYPRESS #101**
3.4 CITY-ST-ZIP **TAMPA FL 33607**

TITLE ☐ DELETE
NAME **D MOHLER, EUGENE A.**
STREET ADDRESS **3035 COUNTRYSIDE BLV 17B**
CITY-ST-ZIP **CLEARWATER FL**

4.1 TITLE ☐ Change ☒ Addition
4.2 NAME **D REAVES, VIRGINIA**
4.3 STREET ADDRESS **2401 ARDSON PLACE 403B**
4.4 CITY-ST-ZIP **TAMPA FL**

TITLE ☐ DELETE
NAME **T HAMACHER, MARIAN**
STREET ADDRESS **4018 HELENA ST. NE**
CITY-ST-ZIP **ST. PETERSBURG FL**

5.1 TITLE ☐ Change ☒ Addition
5.2 NAME **D CARDER, DEBORAH**
5.3 STREET ADDRESS **4260 CENTRAL AVENUE**
5.4 CITY-ST-ZIP **ST PETERSBURG FL**

TITLE ☐ DELETE
NAME **V MCALDUFF, WILLIAM R.**
STREET ADDRESS **440 SANDY COOK ROAD**
CITY-ST-ZIP **TREASURE ISLAND FL**

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 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.

SIGNATURE:

Kevin M. Hussey

2/19/99

727-327-5775

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)