

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Jul 01, 1999 8:00 am
Secretary of State
07-01-1999 90006 048 ***550.00

PROFIT CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 375084 ✓
1. Corporation Name
STEWART TITLE OF ORANGE COUNTY, INC.

Principal Place of Business	Mailing Address
718 GARDEN PLAZA ORLANDO FL 32803	718 GARDEN PLAZA ORLANDO FL 32803

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	Applied For
01/06/1971	
4. FEI Number	Not Applicable
59-1313425	
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 owes the current year Intangible Personal Property.	Yes No

9. Name and Address of Current Registered Agent

HICKMAN, HAROLD, % STEWART TITLE OF TMPA
3401 W. CYPRESS, SUITE 202
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	AVP	DELETE
NAME	O'BRYAN, MARCIA	
STREET ADDRESS	718 GARDEN PLAZA	
CITY-ST-ZIP	ORLANDO, FL 00000	
TITLE	V	DELETE
NAME	COOPER, GARY J.	
STREET ADDRESS	718 GARDEN PLAZA	
CITY-ST-ZIP	ORLANDO FL	
TITLE	P	DELETE
NAME	COBB, JOHN FLOYD	
STREET ADDRESS	718 GARDEN PLAZA	
CITY-ST-ZIP	ORLANDO, FL 00000	
TITLE	CD	DELETE
NAME	HICKMAN, HAROLD	
STREET ADDRESS	3401W. CYPRESS, SUITE 202	
CITY-ST-ZIP	TAMPA FL	
TITLE	ST	DELETE
NAME	CORLEY, CHRISSY L.	
STREET ADDRESS	718 GARDEN PLAZA	
CITY-ST-ZIP	ORLANDO FL	
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Change Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	Change Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	Change Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	Change Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	Change Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
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.

SIGNATURE: *John Cobb* President 6/29/99 407-894-783

CR2E034 (5/99)