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FILED

May 02 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # 415123 (9)  
1. Corporation Name  
STEWART TITLE COMPANY OF SARASOTA, INC.



Principal Place of Business  
8530 WEBBER ST  
P.O. BOX 7877  
SARASOTA FL 34239

Mailing Address  
3530 WEBBER ST  
P.O. BOX 7877  
SARASOTA FL 34239-4329

3. Date Incorporated or Qualified  
12/21/1972

3a. Date of Last Report  
05/01/1996

4. FEI Number  
59-1434348

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

2. Principal Place of Business  
21 Suite, Apt. #, etc.  
22 City & State  
23 Zip  
24 Country

2a. Mailing Address  
26 Suite, Apt. #, etc.  
27 City & State  
28 Zip  
29 Country

9. Name and Address of Current Registered Agent  
HICKMAN, HAROLD E.  
3401 W. CYPRESS #101  
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  
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 | NAME                | STREET ADDRESS              | CITY - ST - ZIP    | DELETE                   |
|-------|---------------------|-----------------------------|--------------------|--------------------------|
| P     | TUCKER, THOMAS M.   | 5120 ESTATES CIRCLE         | SARASOTA FL        | <input type="checkbox"/> |
| D     | HUSSEY, KEVIN M.    | 4134 CENTRAL AVE            | ST PETERSBURG FL   | <input type="checkbox"/> |
| D     | KNAPP, MAITLAND F.  | 13670 LAKEPOINTE LANE       | CLEARWATER FL      | <input type="checkbox"/> |
| D     | O'CONNEL, PHILIP J. | 521 HAVEN PT ROAD           | TREASURE ISLAND FL | <input type="checkbox"/> |
| D     | REAVES, VIRGINIA    | 2401 ARDSON PLACE 403B      | TAMPA FL           | <input type="checkbox"/> |
| D     | MOHLER, EUGENE A.   | 3035 COUNTRYSIDE BLVD. #17B | CLEARWATER FL      | <input type="checkbox"/> |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| TITLE | NAME | STREET ADDRESS | CITY - ST - ZIP | DELETE                   | Change                   | Addition                 |
|-------|------|----------------|-----------------|--------------------------|--------------------------|--------------------------|
| 1.1   | 1.2  | 1.3            | 1.4             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2.1   | 2.2  | 2.3            | 2.4             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3.1   | 3.2  | 3.3            | 3.4             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4.1   | 4.2  | 4.3            | 4.4             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5.1   | 5.2  | 5.3            | 5.4             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6.1   | 6.2  | 6.3            | 6.4             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

14. I do 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 in an attachment with an address.

04-24-97 813-327-5775

CR2E034 (9/96)