

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

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DOCUMENT # 415123

1. Corporation Name

STEWART TITLE COMPANY OF SARASOTA, INC.

Principal Place of Business

3530 WEBBER ST  
P.O. BOX 7877  
SARASOTA FL 34239

Mailing Address

3530 WEBBER ST  
P.O. BOX 7877  
SARASOTA FL 34239

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/21/1972

4. FEI Number

59-1434348

Applied For  
Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax.

☐ Yes

☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

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

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

TITLE D ☐ DELETE

NAME HICKMAN, HAROLD  
STREET ADDRESS 3401 W CYPRESS #101  
CITY-ST-ZIP TAMPA FL 33607

TITLE D ☐ DELETE

NAME HUSSEY, KEVIN M.  
STREET ADDRESS 4134 CENTRAL AVE  
CITY-ST-ZIP ST PETERSBURG FL

TITLE D ☐ DELETE

NAME KNAPP, MAITLAND F.  
STREET ADDRESS 13670 LAKEPOINTE LANE  
CITY-ST-ZIP CLEARWATER FL

TITLE D ☐ DELETE

NAME O'CONNEL, PHILIP J.  
STREET ADDRESS 521 HAVEN PT ROAD  
CITY-ST-ZIP TREASURE ISLAND FL

TITLE D ☐ DELETE

NAME REAVES, VIRGINIA  
STREET ADDRESS 2401 ARDSON PLACE 403B  
CITY-ST-ZIP TAMPA FL

TITLE D ☐ DELETE

NAME MOHLER, EUGENE A.  
STREET ADDRESS 3035 COUNTRYSIDE BLVD. #17B  
CITY-ST-ZIP CLEARWATER FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 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

52 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

62 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)