FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT . CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 415124

(7)

STEWART TITLE CO OF CLEARWATER INC

Principal Place of Business Mailing Address					*****	-	HANTA MARKA MARKA MARKA MARKA MARKA	II 81814 (88)
1290 COURT STREET CLEARWATER FL 34616 US		1290 COURT ST CLEARWATER FL 34616-5 US	CLEARWATER FL 34616-5003					
					3. Date Incorporated or Qualified 12/21/1972 3a. Date of Last Report 01/22/1996			
2. Principal Pla	ace of Business	2a. Mailing Address	2a. Mailing Address			4. FEI Number	- +	Applied For
21		26				59-1433918		Not Applicable
Suite, Apt #		Suite, Apt. #, etc.	27			5. Certificate of Status Desired See Required \$8.75 Additional Fee Required		
City & State		City & State	······································			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees		
3 Country		7(r)				Trust Fund Contribution Added to Fees 8. This corporation has liability for intangible tay under s. 199.032,		
`	}₁			Contry		8. This corporation has illability for intangible fax under s. 199.032, Florida Statutes Yes No		
24		25 29 30 Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent		
HICK	MAN, HAROLD			81	Name			
	NEPTUNE ST.			82	Stroot Addr	ess (P.O. Box Number is Not Acceptat	· · · · · · · · · · · · · · · · · · ·	
	PA FL 33629		Street Add		Street Addr	ess (F.O. Box Nomber is Not Acceptate	ne)	
(7.511)				83				
				84	City		FL 85 Zi	p Code
44 D	the sequinion of Sections 607 Off	22 and 607 1508 Florida State	ites the a	bove	-named corr	poration submits this statement for the p	urnose of changing	its registered
affice or re	onistered anent, or both, in the State	e of Florida. Such change was	authorize	ea by	the corporat	ion's board of directors. I hereby accept	t the appointment	as registered
agent. Far	n familiar with, and accept the oblig-	ations of, Section 607.0505, F	iorida Siai	iules.	·			
StGNATURE Signar recity and or particul marks or registered accept and title of applicable (NOTE Reg					nt signature requir	red when reinstating)	DATE	
12.		ID DIRECTORS	13.		*****	ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTO	ORS IN 12
TITLE	ST DELETE		1 1 TI	1 1 TITLE			☐ Chang	e 🔲 Addition
NAME	ST GERMAIN, MIKELL L		1.2 A					
STREET ADDRESS	1290 COURT ST		1.3 \$		ADDRESS			
CITY - ST - ZIP	CLEARWATER, FL 00000		1.4 0		T-ZIP			
TITLE	D DELETE		2.1 T	2.1 TITLE			☐ Chang	e 🔲 Addition
NAME	HICKMAN, HAROLD		2.2 N/					
STREET ADDRESS	3834 NEPTUNE ST		2.3 S	2.3 STREET ADDRESS				
CITY-ST-ZIP	TAMPA, FL 00000		2.4(4 CHTY-ST-ZIP				
TITLE	PD	☐ DELETE	3 1 T	31 TITLE			L Chang	e [_] Addition
NAME	SOMERS, RONALD E		3.2 M					
STREET ADDRESS	1290 COURT STREET		3.3 S	3.3 STREET ADDRESS				
CITY - ST - ZIP	CLEARWATER, FL 00000			CITY - S	ST-ZIP	W		. [1] 4.229
TITLE		DELETE	417				Chang	e L Addition
NAME .			4. 2 f	NAME				
STREET ADDRESS			4.3 S	TREET	ADDRESS			
CITY - ST - ZIP		The Fre		CITY - S	T - ZIP		Chang	e Addition
TITLE		[] DELETE	51 T					e E3 Addition
NAME				NAME				
STREET ADDRESS					ADDRESS			
C(TY - ST - ZiP		Oriette		CITY-S	T-ZIP		Chang	e Addition
TITLE		T DETELE	DELETE 61T				L Onling	, COMO
NAME				NAME TOTAL	400000			
STREET ADDRESS					ADORESS	•		
CITY-ST-ZIP	by certify that the information supplie	ad with this filing does no due	ality for the	CITY-S	motion stated	d in Section 119.07(3)(i), Florida Statute	s. I further certify the	nat the
informatio Lam an o	on indicated on this annual report or officer or director of the corporation on Block 12 or Block 13 if changed	supplemental annual report is if the receiver of truster empo	s triue and	acct.	urate and that	t my signature shall have the same leg- ort as required by Chapter 607, Florida	al effect as if made	under oath; that

SIGNATURE:

RONALD E. SOMERS OF SIGNING OFFICER OR DIRECTOR

1/8/97

Date

(813) 441-2689

Daytime Phone #

FILED

Jan 15 1997 8:00am

Secretary of State