PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 415124

STEWART TITLE CO OF CLEARWATER INC

Principal Place of Business Mailing Address							T (BBILL GIRB) WERE ENDE INDIG	AII A.M. B.M.		1517 67671 1661	
1290 COURT STREET 1290 COURT ST											
CLEARWATER F	L 33756	CLEARWATER FL 33756				İ	DO NOT WRITE IN THIS SPACE				
US US							DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualifed				
						3.	12/21/1972				
	10	2- Mailing Address					12/21/1912 FEI Number		ΙΔn	plied For	
一 ・	ace of Business	2a. Mailing Address	<u> </u>			"			 	ot Applicable	
21	# -1-	Suite, Apt. #, etc.					59-1433918		\$8.75		
Suite, Apt.	#, etc.	27 Suite, Apr. #, etc.	¬ · · ·			5.	. Certifcate of Status Desired		Fee Re		
City & State	3		City & State				Election Campaign Financing		\$5.00	May Be	
23		<u>⊢</u> ¬ '	28			"	Trust Fund Contribution		Added t		
Zip	Country	Zip				8.	8. This corporation owes the current year Intangible				
24	25	29	30				Personal Property Tax.		Yes	□No	
9. Name and Address of Current Registered Agent						10	. Name and Address of New	Registered	Agent		
				81	Name						
HICK	MAN, HAROLD		92 Street /			Addross (P.O. Box Number is Not Accept	rable)			
3834	NEPTUNE ST.		82 Stree			Addiess (i	P.O. BOX Halliber is Not Accept	abic)		}	
TAMI	PA FL 33629		8			-	· · · · · · · · · · · · · · · · · · ·		-		
				84	City				85 Zip (Code	
					City			Fl			
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								DATE		[
40	Signature, typed or printed name of registered ag	ent and title if applicable. (NOTE ND DIRECTORS	Hegistered	Agent s	ignature re	equired when	ADDITIONS/CHANGES TO O		ND DIRECTO	RS IN 12	
TITLE	ST OFFICERS A	DELETE	1.1 TII	ne		ſ	ADDITIONS/OFFANGES TO O	TIOENOR	Change	Addition	
	ST GERMAIN, MIKELL L		1.2 NA						, ·	_	
NAME	1290 COURT ST				202500					}	
STREET ADDRESS					DDRESS	337	151.				
CITY-ST-ZIP	CLEARWATER, FL 00000	☐ DELETE	2.1 TF	TY-ST		<u> </u>	<u> </u>		Change	Addition	
TITLE	D	☐ DELETE) Commission		
NAME	HICKMAN, HAROLD		2.2 NA				•			}	
STREET ADDRESS	3834 NEPTUNE ST				DORESS	336	29			[
CITY-ST-ZIP	TAMPA, FL 00000	- Decision		mγ- s (-	ZIP)	177 K	24	<u> </u>	Change	Addition	
TITLE	PD	☐ DELETE	3.1 TI		1	1			Enchande	LL COURTON	
NAME	SOMERS, RONALD E		3.2 NA								
STREET ADDRESS	1290 COURT STREET		1		DORESS	70.	7-1				
CITY-ST-ZIP	CLEARWATER, FL 00000		_	ITY-ST	ZIP	33	756		Chance	- Addisia-	
TITLE		☐ DELETE	4,1 111						Change	☐ Addition	
NAME			4.2 N	AME							
STREET ADDRESS			4.3 \$1	REETA	DDRESS				-	i	
CITY-ST-ZIP				TY-ST-2	ZIP	<u> </u>					
TITLE		☐ DELETE	5.1 TI						Change	Addition	
NAME			5.2 N								
STREET ADDRESS			5.3 ST	REETA	ODRESS						
CITY-ST-ZIP			5.4 CI	TY-ST-2	ZIP	<u> </u>					
TITLE		☐ DELETE	6.1 TI	TLE					Change	☐ Addition	
NAME			6.2 N	AME							
STREET ADDRESS			6.3 ST	REETA	DDRESS			•			

14. 1 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 of 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.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

FILED

Mar 02, 1999 8:00 am Secretary of State

03-02-1999 90018 009 ***150.00