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May 01 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 # 568719 (9)

1. Corporation Name
STEWART TITLE OF POLK COUNTY, INC.

Principal Place of Business

500 S FLA AVENUE
FLOOR 1
LAKELAND FL 33801
US

Mailing Address

500 S FLA AVENUE
FLOOR 1
LAKELAND FL 33801
US



3. Date Incorporated or Qualified

04/17/1978

3a. Date of Last Report

05/20/1996

4. FEI Number

59-1812398

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

9. Name and Address of Current Registered Agent

HICKMAN, HAROLD E.
C/O STEWART TITLE OF TAMPA
3401 W CYPRESS ST
TAMPA FL 33807

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 ☐ DELETE

NAME
P HARMON, CAREY F.
STREET ADDRESS
4201 E. KNIGHTS GRIFFEN
CITY - ST - ZIP
PLANT CITY FL

TITLE ☐ DELETE

NAME
D HICKMAN, HAROLD E
STREET ADDRESS
1814 ALTOONA WAY
CITY - ST - ZIP
BRANDON FL

TITLE ☐ DELETE

NAME
D MOHLER, EUGENE
STREET ADDRESS
3035 COURTSIDE BLVD, #17-B
CITY - ST - ZIP
CLEARWATER FL

TITLE ☐ DELETE

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

TITLE ☐ DELETE

NAME
V CANADY, ELAINE P
STREET ADDRESS
216 WILDWOOD AVENUE
CITY - ST - ZIP
LAKELAND FL

TITLE ☐ DELETE

NAME
Y REWIS, EDITH F
STREET ADDRESS
1023 AUDUBON WAY
CITY - ST - ZIP
LAKELAND FL

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 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 on an attachment with an address.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/24/97 (941) 688-8177

CR2E034 (9/96)