

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

FILED  
Feb 03 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **568719** (9)

1. Corporation Name

**STEWART TITLE OF POLK COUNTY, INC.**



Principal Place of Business

Mailing Address

**500 S FLA AVENUE  
FLOOR 1  
LAKELAND FL 33801  
US**

**500 S FLA AVENUE  
FLOOR 1  
LAKELAND FL 33801  
US**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

**04/17/1978**

4. FEI Number

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☒ Yes ☐ No

10. Name and Address of New Registered Agent

**HICKMAN, HAROLD E.  
C/O STEWART TITLE OF TAMPA  
3401 W CYPRESS ST  
TAMPA FL 33607**

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

TITLE ☐ DELETE

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

TITLE ☐ DELETE

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

TITLE ☐ DELETE

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

TITLE ☐ DELETE

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

TITLE ☐ DELETE

NAME **T**  
STREET ADDRESS **REWIS, EDITH F**  
CITY-ST-ZIP **1023 AUDUBON WAY  
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 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

CR2E034 (10/97)