

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

FILED  
Mar 23, 1999 8:00 am  
Secretary of State

03-23-1999 90076 017 \*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 568719

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
04/17/1978

4. FEI Number  
59-1812398

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

6. Election Campaign Financing ☐ \$5.00 May Be  
Trust Fund Contribution Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

Country

29 Zip

Country

9. Name and Address of Current Registered Agent

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P ☐ DELETE

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

1.1 TITLE ☐ Change ☐ Addition

TITLE D ☐ DELETE

NAME HICKMAN, HAROLD E  
STREET ADDRESS 1614 ALTOONA WAY  
CITY-ST-ZIP BRANDON FL

2.1 TITLE ☐ Change ☐ Addition

TITLE D ☐ DELETE

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

3.1 TITLE ☐ Change ☐ Addition

TITLE D ☐ DELETE

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

4.1 TITLE ☐ Change ☐ Addition

TITLE V ☐ DELETE

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

5.1 TITLE ☐ Change ☐ Addition

TITLE T ☐ DELETE

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

6.1 TITLE ☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)