FII
Jan 08, 20(
Secreta

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 592311

1. Entity Name
WEST FLORIDA TITLE COMPANY OF MILTON

Principal Place of Business	Mailing Address
5220 WILLING STREET P.O. BOX 762 MILTON, FL 32570	5220 WILLING STREET P.O. BOX 762 MILTON, FL 32570

DO NOT WRITE IN THIS SPACE

01052004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-1857574
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

GATLIN, R. KENNE
8145 VIRGINIA LANE
MILTON, FL 32583

DO NOT WRITE IN THIS SPACE

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	SMITH, MINNIE L.
STREET ADDRESS	5187 CATALINA STREET
CITY-ST-ZIP	PACE, FL 32571
TITLE	D
NAME	GATLIN, VERITHA W.
STREET ADDRESS	8145 VIRGINIA LANE
CITY-ST-ZIP	MILTON, FL 32583
TITLE	PD
NAME	GATLIN, R. KENNE
STREET ADDRESS	8145 VIRGINIA LANE
CITY-ST-ZIP	MILTON, FL 32583
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000000593
01/09/04-80004-001 150.00

DO NOT WRITE IN THIS SPACE

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 1-5-04 850 623-4626
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

R. KENNE GATLIN, President