
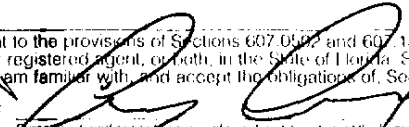
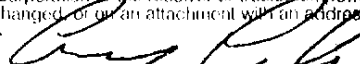


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 .

FILED
May 21 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 606807 (6) 1. Corporation Name DIXIE COUNTY ABSTRACT & TITLE CO., INC.			
Principal Place of Business P. O. BOX 339 BARBER AVE. CROSS CITY FL 32628		Mailing Address P. O. BOX 339 BARBER AVE. CROSS CITY FL 32628	
2. Principal Place of Business 21 109 Barber Avenue Suite, Apt. #, etc.		2a. Mailing Address 26 P.O. Box 2007 Suite, Apt. #, etc.	
22 City & State 23 Cross City 24 32628 Country 25 DIXIE		27 City & State 28 Cross City 29 32628 Country 30 DIXIE	
9. Name and Address of Current Registered Agent THOMAS, JOHN DOYLE BARBER AVE. P. O. BOX 339 CROSS CITY FL 32628		10. Name and Address of New Registered Agent 81 Name Lindsey Lander 82 Street Address (P.O. Box Number is Not Acceptable) Barber Avenue 83 P.O. Box 2007 84 City Cross City FL 85 Zip Code 32628	
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  Lindsey Lander, Pres. 04-29-98 (NOTE: Registered Agent's signature required when reinstating)			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD THOMAS, JOHN DOYLE STATE HWY S 351 CROSS CITY FL <input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Lindsey Lander ST. HW 351 Barber Avenue Cross City, FL P.O. Box 2007 Cross City, FL 32628 <input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Joseph T. Lander NW 110th Circle Barber Avenue Chiefland, FL P.O. Box 2007 32626 <input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Cross City, FL 32628 <input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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.			
SIGNATURE:  Lindsey Lander			



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 01/16/1979	
4. FEI Number 59-1877918	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

CR2E034 (10/97)