

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

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

04-23-1999 90158 029 \*\*\*150.00

DOCUMENT # 631218

1. Corporation Name

NORTH AMERICAN TITLE INSURANCE AGENCY, INC.

Principal Place of Business

11595 KELLY ROAD  
FT. MYERS FL 33908

Mailing Address

11595 KELLY ROAD  
FT. MYERS FL 33908

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/30/1979

4. FEI Number

59-1938004

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 the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

9. Name and Address of Current Registered Agent

LITCHFIELD, VAL  
11595 KELLY RD STE 221  
FT. MYERS FL 33908

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 PD  
NAME LITCHFIELD, VAL  
STREET ADDRESS 1423 SE 18TH ST  
CITY-ST-ZIP CAPE CORAL FL 33990

TITLE VD  
NAME LITCHFIELD, LINCOLN  
STREET ADDRESS 1423 SE 18TH ST  
CITY-ST-ZIP CAPE CORAL FL

TITLE VD  
NAME HABIG, ANGELIQUE J  
STREET ADDRESS 2307 HUNTER ST.  
CITY-ST-ZIP FORT MYERS FL

TITLE ST  
NAME ~~WILKINSON, BETTY E.~~  
STREET ADDRESS ~~2000 MORENO AVENUE~~  
CITY-ST-ZIP ~~FT. MYERS FL~~

TITLE VD  
NAME ~~THOMAS, BARBARA L.~~  
STREET ADDRESS ~~4000 SAN CARLOS BLVD #100~~  
CITY-ST-ZIP ~~FT. MYERS FL 33908~~

TITLE D  
NAME WILKINSON, WILLIAM  
STREET ADDRESS 2358 MORENO AVE.  
CITY-ST-ZIP FT. MYERS FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
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, with all other like empowered.

SIGNATURE:

*Val Litchfield*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/4/99 941-454-1600  
Date Daytime Phone #

CR2E034 (11/98)