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Jan 17 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 697433

(1)

1. Corporation Name

SUNSTATE TITLE AGENCY, INC.

Principal Place of Business

13937 7TH ST.
DADE CITY FL 33525
US

Mailing Address

13937 7TH ST
DADE CITY FL 33525-4902
US



3. Date Incorporated or Qualified

08/01/1981

3a. Date of Last Report

06/13/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

30

4. FEI Number

59-2113520

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 has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

MORROW, SUSAN A.
13937 7TH ST.
DADE CITY FL 33525

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 (Applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DP
NAME MORROW, SUSAN A.
STREET ADDRESS 36821 LAUREL OAK LN
CITY- ST- ZIP DADE CITY FL ☐ DELETE

TITLE D
NAME THOMPSON, IRIS C
STREET ADDRESS 38519 MICKLER RD.
CITY- ST- ZIP DADE CITY FL ☐ DELETE

TITLE VP
NAME MORROW, JOSEPH V
STREET ADDRESS 36821 LAUREL OAK LN
CITY- ST- ZIP DADE CITY FL ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS 5244 5th St
1.4 CITY- ST- ZIP Zephyrhills, FL 33541

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 5244 5th St
3.4 CITY- ST- ZIP Zephyrhills, FL 33541

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 do 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:

Susan A. Morrow - Pres
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-9-97

Date

352-567-1141

Daytime Phone #

0349499

CR2E034 (9/96)