| Image: Transmission of Business       Maxing Andreas       Image: Transmission of Business       Maxing Andreas         cpart Place of Business       Maxing Andreas       Image: Transmission of Business       Maxing Andreas       Image: Transmission of Business       Image: Transmission of Business of Business       Image: Transmission of Business of Business       Image: Transmission of Business of Business of Correct Transmission of Business of Business of Correct Transmission of Business of Business of Correct Transmission of Business of Correct Business of Busin   | CORPORATION<br>ANNUAL REPORT<br><b>1997</b><br>OCUMENT # 69<br>SUNSTATE TITLE AGENCY<br>Cipal Place of Business<br>7 7TH ST. |                             | Sandra<br>Secret     | B. Mortham                            |                                       |                                       |                      |                             |                                       |
|--|--|-----------------------------|----------------------|---------------------------------------|---------------------------------------|---------------------------------------|----------------------|-----------------------------|---------------------------------------|
| 1997       DWISCH OF COMPORATIONS         OCUMMENT # 697433       (1)         SUNSTATE TITLE AGENCY. INC.       Image: Composition of Co   | 1997<br>DCUMENT # 69<br>SUNSTATE TITLE AGENCY  |                             |                      | •                                     | ONS                                   | Se Se                                 | arate                | <u> </u>                    | N 4 4                                 |
| D2CUMPENT # 697433       (1)         SUNSTATE TITLE AGENCY, INC.       Image: Sunstatus title agency, INC.         Image: Sunstatus title agency, INC.       Image: Sunstatus title agency, INC.         Image: Sunstatus title, Image   | CUMENT # 69<br>SUNSTATE TITLE AGENCY   |                             | (1)                  |                                       |                                       | Secretary of State                    |                      |                             |                                       |
| Construction of Boardess  Construction  Con  | cipal Place of Business<br>7 7TH \$T.  | , inc.                      |                      |                                       |                                       |                                       |                      | 2                           |                                       |
| Count Hundress     Making Actionss       T M St.     1387 TM ST.       DOPE OFF FL SSSS     1387 TM ST.       US     - Date Incorporation or Qualified     36. Date Incorporation or Qualified       Ninc.pail Place of Buseless     28. Making Activess     4. PE Ninibas       Ninc.pail Place of Buseless     28. Making Activess     4. PE Ninibas       Shift, Apl #, ctc     51. Charle Incorporation or Qualified     36. Date Incorporation or Qualified       Shift, Apl #, ctc     51. Charle Incorporation of Qualified     36. Date Incorporation of Qualified       Shift, Apl #, ctc     51. Charle Incorporation of Qualified     36. Charle Applicab       Chy A Satu     Election Campaign Primationg     35. SDU Mig Base       Chy A Satu     Election Campaign Primationg     35. SDU Mig Base       Chy A Satu     Election Campaign Primationg     36. SDU Mig Base       Date OFTY FL SSSS     29     Country     10. Kimme and Actives of New Registered Apent       MORFOW, SUSAN A     28     100     28     28       Sature Incorporation of State Incorporation of Applicab Toc     28     29       Date OFTY FL SSSS     100     29     20       Sature Incorporation of State Incorporation of Applicab Toc     20     20       Sature Incorporation of State Incorporation of Applicab Toc     20     20       Sature   | 7 7TH ST.  |                             |                      |                                       |                                       |                                       |                      |                             |                                       |
| A Deer Honoproder of Dusieoss     A      |  | 1393<br>DAD                 | 7 TH ST              | 02                                    |                                       |                                       | HE BILLON OFFEN FAIL | RENTE ALREN ALEN ANALE ALAN | J <b>u</b> (u), fuu                   |
| bill     Stole     <   |  |                             |                      |                                       | · · · · · · · · · · · · · · · · · · · | 08/01/1981                            | or Qualified         |                             | ieport                                |
|  | rincipal Place of Business   |                             | Mailing Address      |                                       |                                       |                                       |                      |                             | · · · · · · · · · · · · · · · · · · · |
| Dip & State       City A. State       City A. State       Inscription       State       Addet to Frees         Typ       City A. State       Provide State       Inscription       Addet to Frees         Typ       Zip       20       Country       Inscription       Addet to Frees         Addet to Frees       21       22       Country       Inscription       Inscription       Addet to Frees         Addet to Frees       22       23       Country       Inscription       Inscription       Inscription       Addet to Frees         Inscription       24       23       Country       Inscription       In   | uite, Apt. #, etc.   |                             | Suite, Apt. #, etc.  |                                       |                                       | 5. Certificate of Statu               | s Desired            |                             |                                       |
| Image: Section 2         Image: Section 2<   | ity & State  |                             | Dity & State         |                                       |                                       |                                       | •                    |                             |                                       |
| MORROW, SUSAN A.<br>3487 Th ST.<br>DADE CITY FL 33525           B2         Street Address (P.O. Box Number is Not Acceptable)<br>B3           B4         City  | 25   | 29                          | -                    |                                       | /                                     | Florida Statutes                      | C                    | Yes 🗌 No                    | 3. 199.032,                           |
| 1,8837 Th ST.       DADE CTTY FL 33525         Parameter to the provisions of Sections (67 0002 and 607, 1508. Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered agent unit from the State of Florida. Such changing its registered corporation's board of directors. Thereby accept the appointment is registered agent unit for the purpose of changing its registered agent. Life for the function of the cells and the florida. Such changing its registered corporation's board of directors. Thereby accept the appointment is registered agent. Life for the cells and accept the cells and the florida. Such changing its registered agent unit for the purpose of changing its registered agent. Life for the cells and board accept the cells and the florida. Such changing its registered agent unit for the purpose of changing its registered agent. Life for the cells and board accept the appointment is registered agent. Life for the cells and board accept the cells and the florida. Such change is a data the florida. Such changes is a data the florida. Such change is a data florida. Such change is a data the florida. Such ch   |  | s of Current Registe        | red Agent            | 81                                    | Name                                  | 10. Name and Addres                   | a of New Re          | gistered Agent              |                                       |
| Image: Control of the provisions of Sections 607 0002 and 607 1000. Floride Statutes, the above-named corporation submits this statement for the purpose of changing its registere agent. I and sandar with, and accept the obligations of Section 607.0000. Floride Statutes.       Image: Control of Contro   | 13937 7TH ST.  |                             |                      |                                       | Street Add                            | dress (P.O. Box Number is             | Not Acceptab         | le)                         |                                       |
| Pursuant to the provisions of Sections 607 0502 and 607 1506. Florida Statules, the above-mand corporation submits this statement for the purpose of changing its registered agent. Lan State of Horida, Such change authorized by the corporation's board of directors. Thereby accept the appointment is registered agent. Lan State of Horida, Such change authorized by the corporation's board of directors. Thereby accept the appointment is registered agent. Lan State of Horida, Such change authorized by the corporation's board of directors. Thereby accept the appointment is registered agent. Lan State of Horida, Such change authorized by the corporation's board of directors. Thereby accept the appointment is registered agent. Lan State of Horida, Such change authorized by the corporation's board of directors. Thereby accept the appointment is registered agent. Lan State of Horida, Such change authorized by the corporation's board of directors. Thereby accept the appointment is registered agent. Lan State of Horida, Such change authorized by the corporation's board of directors. Thereby accept the appointment is registered agent. Lan State of Horida, Such change authorized by the corporation's board of directors. Thereby accept the appointment is registered agent. Lan State of Horida, Such change authorized by the corporation's board of directors. Thereby accept the directors in the State of Horida, Such change authorized by the corporation's based agent. The State of Horida, State of H | DADE GITT PL 33525   |                             |                      | 63                                    |                                       |                                       |                      |                             | • <u></u> •                           |
| Prevalent to the provisions of Sections 607 0502 and 607 1568. Florids Statutes, the above named corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of Society for Change we address statutes.         NATURE       OFFICERS AND DIRECTORS       13.       ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.         DP       OFFICERS AND DIRECTORS       13.       ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.         Status Stat  |  |                             |                      | 84                                    | City                                  |                                       |                      | EI 85 Zip                   | Code                                  |
| DP       DELETE       LITTLE       DELETE       LITTLE         MORROW, SUSAN A.       36821 LAUREL OAK LIN       13 STREET ADDRESS       52 44 St       Status         36821 LAUREL OAK LIN       13 STREET ADDRESS       2 aphyrhills, FL 3 3ST 4       Change       Addition         S1:2P       D       DELETE       2 ITTLE       2 aphyrhills, FL 3 3ST 4       Change       Addition         E       THOMPSON, IRIS C       23 STREET ADDRESS       23 STREET ADDRESS       23 STREET ADDRESS       38519 MICKLER RD.       23 STREET ADDRESS         S3:2P       DADE CITY FL       24 OTY - ST-2P       24 OTY - ST-2P       24 OTY - ST-2P       24 OTY - ST-2P         VP       DELETE       3 STREET ADDRESS       33 STREET ADDRESS       2 Addition       33 STREET ADDRESS       33 STREET ADDRESS       33 STREET ADDRESS       34 OTY - ST-2P       4 Addition         VP       DELETE       3 STREET ADDRESS       33 STREET ADDRESS       2 aphyr.hills.       FL 33 STY - STAT       4 Addition         S1:2P       DADE CITY FL       DELETE       4 DELETE       4 DATY - ST-2P       2 aphyr.hills.       Change       Addition         S1:2P       DELETE       4 DELETE       4 DELETE       5 DATY - ST-2P       33 STREET ADDRESS       33 STREET ADDRESS       33 STREET ADDRESS  | NATURE<br>Signative: typed or preced have a t  | Frequiered agent and tile 1 | approable (NC        | DTE: Registered Ag                    |                                       | uired when reinstating)               |                      | DATE                        |                                       |
| Et ADDRESS       36821 LAUREL OAK LN       13 STREET ADDRESS       52.441       54.541         S1:2P       DADE CITY FL       14 CITY-S1-2P       2.ephyrhills, FL 33.541       Change       Additional and the second and the second and the second as regulated in Section 119 07(3)(0). Florida Statutes, 1 further certify that the information supplied with this filing does not qualify for the exemption stated in Section 119 07(3)(0). Florida Statutes, 1 further certify that the information supplied with this filing does not qualify for the exemption stated in Section 119 07(3)(0). Florida Statutes, 1 further certify that the information supplied with this filing does not qualify for the exemption stated in Section 119 07(3)(0). Florida Statutes, 1 further certify that the information indicated on the samual report or supplient with an an officer or thrector of the corporation of the corporation and report or the exemption stated in Section 119 07(3)(0). Florida Statutes, 1 further certify that the information of the corporation of the corporation of the corporation of the corporation and report is true and accurate and that my signature shall have the same legal effect as if made ourder carb, the more certify that the information of the corporation of the corporatio   | DP   |                             |                      | 1.1 TITLE                             |                                       |                                       |                      | A                           | Addition                              |
| Str.2P       DADE CITY FL       14 DITY: ST-2P       2 aphyrhills, fL 3 3541         D       DELETE       21 TITLE       Change       Additional additionadditional additional additional additional additional ad   |  |                             |                      |                                       | ADDRESS                               | 5244 Sth St                           |                      |                             |                                       |
| E HOMPSON, IRIS C 22 MAXE<br>Et ADDRESS 38519 MICKLER RD.<br>DADE CITY FL 23 STREET ADDRESS<br>SIT-2P DADE CITY FL 24 CITY-ST-2P<br>VP 2000000000000000000000000000000000000   |  |                             |                      |                                       | ST-ZIP                                | zephyrhills, PL                       | - 3254/              | Channe                      | Additio                               |
| S1-7P       DADE CITY FL       2.4 CIY - ST-ZIP         VP       DELETE       31 TITLE         NORROW, JOSEPH V       32 NAME         38821 LAUREL OAK LN       33 STRET ADDRESS         S1-7P       DADE CITY FL         DADE CITY FL       34. CIY-S1-ZP         2       2         MORROW, JOSEPH V       33 STRET ADDRESS         S1-7P       DADE CITY FL         DADE CITY FL       34. CIY-S1-ZP         2       2         BE       DELETE         44 CIY-S1-ZP         S1-7P       DELETE         S1-2P       DELETE         S1-2P       44 CIY-S1-ZP         44 CIY-S1-ZP         S1-2P       DELETE         DELETE       51 TITLE         S1-2P       DELETE         S1-2P       S3 STRET ADDRESS         S1-2P       S4 CIY-S1-ZP         S1-2P       S4 CIY-S1-ZP </td <td>-</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>  | -  |                             |                      |                                       |                                       |                                       |                      |                             |                                       |
| VP       DELETE       31 title       31 title       32 NAME         38821 LAUREL OAK LN       33 STREET ADORESS       34 CITY-S1-2IP       2 aphyschills , FL 335Y1       Change       Addition         St. ZIP       DADE CITY FL       DELETE       41 title       2 aphyschills , FL 335Y1       Change       Addition         E       DELETE       41 title       42 NAME       2 aphyschills , FL 335Y1       Change       Addition         E       DELETE       41 title       4 City-S1-2iP       2 aphyschills , FL 335Y1       Change       Addition         E       DELETE       41 title       4 City-S1-2iP       2 Addition       Addition         E       DELETE       51 title       1 title       1 change       Addition         Stream       DELETE       51 title       1 title       1 change       Addition         E       DELETE       51 title       1 title       1 change       Addition         Stream       53 Stream       54 Dity-S1-2iP       1 change       Addition         E       DELETE       54 Dity-S1-2iP       1 change       Addition         Stream       54 Dity-S1-2iP       1 change       1 change       Addition         ET ADDRESS       54 Dity-S1-2iP <td>DADE ODV EL</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>   | DADE ODV EL  |                             |                      |                                       |                                       |                                       |                      |                             |                                       |
| ET ADDRESS       38821 LAUREL OAK LN       33 STRET ADDRESS       S-4'Y       S*S         -S1:2P       DADE CITY FL       DELETE       34. CIY-S1-2P       Zephugr hills , PL 335Y1         E       DELETE       41 TITLE       Change       Addition         E       DELETE       41 TITLE       Change       Addition         E       DELETE       41 TITLE       Change       Addition         E       DELETE       44 CIY-S1-2P       Change       Addition         S1:2P       44 CIY-S1-2P       Change       Addition         E       DELETE       51 TITLE       Change       Addition         E       DELETE       51 TITLE       Change       Addition         S3 STRET ADDRESS       S3 STRET ADDRESS       S3 STRET ADDRESS       S3 STRET ADDRESS         S1:2P       S4 CIY-S1-2P       Change       Addition         E       DELETE       61 TITLE       Change       Addition         E       STRET ADDRESS       S3 STRET ADDRESS       S4 CIY-S1-2P       Change       Addition         E       DELETE       61 TITLE       Change       Addition       Change       Addition         E       S1-2P       S4 CIY-S1-2P       S4 CIY-S1-2P  | VP   |                             | DELETE               |                                       | 51-219                                |                                       |                      | 🔀 Change                    | Additio                               |
| E       41 TIFLE       Change       Addition         ET ADDRESS       43 STREET ADDRESS       43 STREET ADDRESS         .ST-ZIP       44 CITY-SI-ZIP       Change       Addition         E       51 TIFLE       Change       Addition         E       52 NAME       53 STREET ADDRESS       Change       Addition         E       52 NAME       53 STREET ADDRESS  |  |                             |                      |                                       |                                       | DYU Sthat                             |                      |                             |                                       |
| E       41 TIFLE       41 TIFLE       Change       Addition         ET ADDRESS       43 STREET ADDRESS       43 STREET ADDRESS       51 TIFLE       Change       Addition         ST-ZIP       44 CITY-SI-ZIP       44 CITY-SI-ZIP       Change       Addition         E       51 TIFLE       51 TIFLE       Change       Addition         E       52 NAME       53 STREET ADDRESS       53 STREET ADDRESS       53 STREET ADDRESS         ST-ZIP       54 CITY-ST-ZIP       54 CITY-ST-ZIP       Change       Addition         E       62 NAME       63 STREET ADDRESS       53 STREET ADDRESS       54 CITY-ST-ZIP         Indonestics       63 STREET ADDRESS       63 STREET ADDRESS       54 CITY-ST-ZIP       Change       Addition         Indonestics       63 STREET ADDRESS       64 CITY-ST-ZIP       Change       Addition         Indonestics       64 CITY-ST-ZIP       64 CITY-ST-ZIP       Change       Addition         Indonestics       63 STREET ADDRESS       63 STREET ADDRESS       54 CITY-ST-ZIP       Indonestics       Findone indocated 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; th       tam an olicited or on this annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; th   |  |                             |                      | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | ST-ZIP                                | zeohunhille. P                        | 6 33541              |                             |                                       |
| ET ADDRESS       4.3 STREET ADDRESS         .ST-2IP       4.4 CITY-SI-7IP  | ······································   |                             | DELETE               | 4.1 TITLE                             |                                       |                                       |                      | Change                      | Additic                               |
| ST-ZIP       4.4 CITY-SI-ZIP         IDELETE       5.1 TIFLE         E       5.2 NAME         61 ADDRESS       5.3 STREET ADDRESS         ST-ZIP       5.4 CITY-ST-ZIP         IDELETE       6.1 TRLE         IDELETE       6.3 STREET ADDRESS         6.4 CITY-ST-ZIP         IDELETE       6.4 CITY-ST-ZIP <td></td> <td></td> <td></td> <td></td> <td>1</td> <td></td> <td></td> <td></td> <td></td>   |  |                             |                      |                                       | 1                                     |                                       |                      |                             |                                       |
| Image: DELETE       5.1 TitLe       Image: DeleTe       5.1 TitLe         E       5.2 NAME       5.3 STREET ADDRESS       5.3 STREET ADDRESS         ST-ZIP       5.4 CITY-ST-ZIP       Image: DeleTe       Change       Addition         E       DELETE       6.1 TITLE       Image: DeleTe       Addition         E       DELETE       6.1 TITLE       Image: DeleTe       Addition         E       DELETE       6.1 TITLE       Image: DeleTe       Addition         E       0.1 TITLE       Image: DeleTe       Change       Addition         State: ADDRESS       6.3 STREET ADDRESS       6.4 CITY-ST-ZIP       Image: DeleTe       Addition         To 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; the fam on officer or director of the comporation or the receiver or trustee empowered to execute this report as required by Chapter 607. Florida Statutes; and that my name  |  |                             |                      |                                       |                                       |                                       |                      |                             |                                       |
| ET ADDRESS       5.3 STREET ADDRESS         ST-ZIP       5.4 CITY-ST-ZIP         DELETE       6.1 TITLE         DELETE       6.1 TITLE         CADDRESS       6.2 NAME         ET ADDRESS       6.3 STREET ADDRESS         ST-ZIP       6.4 CITY-ST-ZIP         T do hereby certify that the information supplied with this fulling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name   |  |                             | DELETE               | 5.1 TITLE                             |                                       | ·····                                 |                      | Change                      | 🗌 Addilid                             |
| ST-ZIP       54 CITY-ST-ZIP         IDELETE       6.1 TITLE         I  |  |                             |                      |                                       |                                       |                                       |                      |                             |                                       |
| E DELETE 6.1 TILE Change Addition<br>ET ADDRESS<br>-ST-ZIF.<br>T do hereby certily 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<br>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; th<br>t 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  |  |                             |                      |                                       |                                       |                                       |                      |                             |                                       |
| ET ADDRESS<br>-ST-ZIF,   |  |                             | DELETE               |                                       |                                       | · · · · · · · · · · · · · · · · · · · |                      | Change                      | Additio                               |
| -ST-ZIF.<br>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; the tam 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   |  |                             |                      |                                       |                                       |                                       |                      |                             |                                       |
| 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; the ham 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   |  |                             |                      |                                       |                                       |                                       |                      |                             |                                       |
| f 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  | I do hereby certify that the informal  |                             |                      | alify for the exe                     | emption state                         |                                       |                      |                             |                                       |
| appears a block to a block to a photocol or on attachment with an endroop  | I am an officer or director of the co  | rporation or the recei      | iver or trustee empo | owered to exec                        |                                       |                                       |                      |                             |                                       |