

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

FILED
May 11 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 # F51854 (0)
1. Corporation Name
ADVANCE TITLE, INC.



Principal Place of Business
819 PINEDALE RD. STE 100
728
FT WALTON BCH FL 32547-2427

Mailing Address
819 PINEDALE RD. STE 100
728
FT WALTON BCH FL 32547-2427

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/29/1981	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-2171650	
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23	Zip	28	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24	Country	29	Zip	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	
9. Name and Address of Current Registered Agent BUTLER III, LESTER J 207 NATURES TRAIL FT WALTON BEACH FL 32548				10. Name and Address of New Registered Agent	
				81	Name
				82	Street Address (P.O. Box Number is Not Acceptable)
				83	
				84	City
				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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P BUTLER, LESTER J III	11 TITLE	
NAME	207 NATURE'S TRAIL	12 NAME	
STREET ADDRESS	FT WALTON BEACH FL	13 STREET ADDRESS	
CITY-ST-ZIP		14 CITY-ST-ZIP	
TITLE	D BUTLER, LESTER J III	2.1 TITLE	
NAME	207 NATURE'S TRAIL	2.2 NAME	
STREET ADDRESS	FT WALTON BEACH FL	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	D BUTLER, BETTE A.	3.1 TITLE	
NAME	207 NATURE'S TRAIL	3.2 NAME	
STREET ADDRESS	FT. WALTON BEACH FL	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	VD BUTLER, BRETT J.	4.1 TITLE	
NAME	508 MASSACHUSETTS	4.2 NAME	
STREET ADDRESS	FT. WALTON BEACH FL	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	ST BUTLER, GLENDA F	5.1 TITLE	
NAME	508 MASSACHUSETTS	5.2 NAME	
STREET ADDRESS	FT. WALTON BEACH FL	5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	VD SHANNON, L. ENGLAND	6.1 TITLE	
NAME	207 Nature's Trail	6.2 NAME	
STREET ADDRESS	FT. WALTON BEACH FL	6.3 STREET ADDRESS	
CITY-ST-ZIP		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 recorder 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 to this report.

SIGNATURE _____
4/28/98

CR2E034 (10/97)