**PROFIT** \*\*CORPORATION ANNUAL REPORT

1999

ADVANCE TITLE, INC.

1. Corporation Name

DOCUMENT # F51854



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## FILED Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90149 033 \*\*\*150.00

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Principal Place of Business Mailing Address 819 PINEDALE RD. STE 100 819 PINEDALE RD. STE 100 DO NOT WRITE IN THIS SPACE FT WALTON BCH FL 32547-2427 FT WALTON BCH FL 32547-2427 3. Date Incorporated or Qualifed 10/29/1981 Aprilied For 2. Principal Place of Business 2a. Mailing Address 4. FEI Number 4477 Legendar 59-2171650 Not Applicable 44 FF Legendar 26 \$8.75 Additional 5. Certificate of Status Desired Fee Required rite 101 101 27 \$5.00 May Be Election Campaign Financing Florida Florida Trust Fund Contribution Added to Fees 28 Country This corporation owes the current year intangible X Yes 30 Persor al Property Tax. 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name BUTLER III, LESTER J Number is Not Acceptable 82 Street A 207 NATURES TRAIL FT WALTON BEACH FL 32548 83 Zip Code 84 85 City 11. Pursuant to the provisions of Sc tions 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of cirectors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE (NOTI:: Registered Agent signature required when reinstating) Signature, typed or printed na ne of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR S IN 12 12. OFFICERS AND DIRECTORS 13. Addition Change TITLE ☐ DELETE 1.1 TITLE BUTLER, LESTER J III 1.2 NAME NAME regendary 207 NATURE'S TRAIL 1.3 STREET ADDRESS STREET ADDRESS 32541 FT WALTON BEACH FL 4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ DELETE 2.1 TITLE TITLE BUTLER, LESTER J III 2.2 NAME NAME 207 NATURE'S TRAIL 2.3 STREET ADDRESS STREET ADDRESS FT WALTON BEACH FL City-ST-ZIP 2 4 CiTY-ST-ZIE Change DELETE ☐ Addition 3.1 TITLE TITLE BUTLER, BETTE A. 3.2 NAME NAME 207 NATURE'S TRL 3.3 STREET ADDRESS STREET ADDRESS FT. WALTON BEACH FL 3.4. CITY-ST-ZIP CITY-ST-ZIP ☐ Addition □ DELETE 4.1 TITLE 3JMT BUTLER, BRETT J. 4, 2 NAME NAME **508 MASSACHUSETTS** 4.3 STREET ADDRESS STREET ADDRESS FT. WALTON BEACH FL 4.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition DELETE 5.1 TITLE TIT! F 5.2 NAME BUTLER, GLENDA F NAME 5.3 STREET ADDRESS **508 MASSACHUSETTS** STREET ADDRESS 5.4 CITY-ST-ZIP FT WALTON BEACH FL CITY-ST-ZIP ☐ Addition DELETE 61 TITLE ☐ Change TITLE 62 NAME ENGLAND, SHANNON L NAME 6.3 STREET ADDRESS 207 NATURE'S TRAIL STREET ADDRESS DESTIN 6 4 CITY-ST-ZIP FT WALTON BEACH FL

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 ennual 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 any address, with all other like empowered.

(11/98)CR2E034