

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

FILED

Apr 20 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F64852** (9)
1. Corporation Name
**FLORIDA TITLE AND GUARANTY COMPANY OF PINELLAS C
OUNTY**

Principal Place of Business 2958 1ST AVE. NO. ST. PETERSBURG FL 33713	Mailing Address 2958 1ST AVE. NO. ST. PETERSBURG FL 33713
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 01/27/1982	
4. FEI Number 59-2157965		5. Certificate of Status Desired <input type="checkbox"/>		Applied For Not Applicable	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		8. \$8.75 Additional Fee Required \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent RILEY, JOHN L 2325 FIFTH AVENUE NORTH, ST. PETERSBURG FL 33713				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 reinstalling)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DC	1.1 TITLE	V
NAME	GREGG, THOMAS M	1.2 NAME	Denise Balcom
STREET ADDRESS	11444 74TH AVE N	1.3 STREET ADDRESS	3990 43rd Ave. N.
CITY-ST-ZIP	SEMINOLE FL	1.4 CITY-ST-ZIP	St. Petersburg, FL 33714
TITLE	V	2.1 TITLE	V
NAME	BESSELLJEU, JAN	2.2 NAME	Lynn K..Kidd
STREET ADDRESS	5874-27TH TERR N.	2.3 STREET ADDRESS	2537 Pine Cove Lane
CITY-ST-ZIP	ST. PETERSBURG FL	2.4 CITY-ST-ZIP	Clearwater, FL 33761
TITLE	ST	3.1 TITLE	V
NAME	RADER, JUDITH A	3.2 NAME	Joseph D. Seitz, Sr.
STREET ADDRESS	5040 88TH AVE N	3.3 STREET ADDRESS	2301 Morgan Street
CITY-ST-ZIP	PINELLAS PK, FL 00000	3.4 CITY-ST-ZIP	Tampa, FL 33602
TITLE	V	4.1 TITLE	
NAME	MULLINIX, BARBARA A.	4.2 NAME	
STREET ADDRESS	9839-53RD AVE N.	4.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL	4.4 CITY-ST-ZIP	
TITLE	P	5.1 TITLE	
NAME	GREGG, MARK H	5.2 NAME	
STREET ADDRESS	2958 FIRST AV. N.	5.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL	5.4 CITY-ST-ZIP	
TITLE	V	6.1 TITLE	
NAME	DECKER, JOANNE P	6.2 NAME	
STREET ADDRESS	479 HAVEN POINT DRIVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	TREASURE ISLAND FL	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.

SIGNATURE: *Thomas M. Gregg*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/98 (813) 327-1000

Date

Daytime Phone # 0384279

CR2E034 (10/97)