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

Mailing Address

ATHENS GA 30606

US

853 BOBBIN MILL ROAD

PROFIT CORPORATION ANNUAL REPORT

1999

Principal Place of Business

3495 ATLANTA HIGHWAY

ATHENS GA 30606



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # F9600002854

WORLD TITLE MANAGEMENT, INC.

3. Date Incorporated or Qualifed 06/07/1996 HAVEIT 4. FEI Number Applied For 2a. Mailing Address 2. Principal Place of Business Not Applicable 58-2239047 26 21 Suite, Apt. #, etc. \$8.75 Additional Suite, Apt. #, etc. П 5. Certifcate of Status Desired Fee Required 22 27 City & State \$5.00 May Be 6. Election Campaign Financing City & State Trust Fund Contribution Added to Fees 23 28 Country Zip 8. This corporation owes the current year Intangible Zio Country □No 30 Personal Property Tax. 24 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 **WOLFE, LARRY** 82 Street Address (P.O. Box Number is Not Acceptable) 200-A JOHN KNOX ROAD TALLAHASSEE FL 32303-6643 83 Zip Code 85 84 City 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. 12. OFFICERS AND DIRECTORS Change ☐ DELETE 1.1 TITLE TITLE 12 NAME NAME REEVES, HOWARD P 853 BOBBIN MILL RD 1.3 STREET ADDRESS STREET ADDRESS ATHENS GA 30606 1.4 CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change ☐ DELETE 21 TITLE TITLE REEVES, L.H. 2.2 NAME NAME 853 BOBBIN MILL RD 2.3 STREET ADDRESS STREET ADDRESS ATHENS GA 2.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition DELETE 3.1 TITLE TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ DELETE 4.1 TITLE TITLE

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 arm 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, with all other like empowered.

4. 2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

DELETE

□ DELETE

4.3 STREET ADDRESS

5 3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

4.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

NAME

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

NIED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-99 706-369-7777.

Date Description Phone #

Change

☐ Change

☐ Addition

☐ Addition

FILED

May 06, 1999 8:00 am Secretary of State

05-06-1999 90200 029 ***150.00

DO NOT WRITE IN THIS SPACE

CR2E034 (11/98)