

AMENDED

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED

Sep 23 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 # **Seacoast Title, Inc**
1. Corporation Name
G01722

Principal Place of Business Mailing Address

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 18395 GULF BLVD.		26 18395 GULF BLVD.		9/28/82	
22 SUITE 101		27 SUITE 101		4. FEI Number	
City & State		City & State		59-2275320	
23 INDIAN SHORES, FL		28 INDIAN SHORES, FL		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
Zip		Zip		6. Election Campaign Financing	
24 33785		29 33785		Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
Country		Country		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30 ☒ Yes ☐ No	
25 USA		30 USA			

9. Name and Address of Current Registered Agent

CONNIE WEATHERBY
8995 DREAM WAY
LARGO, FL 33773

10. Name and Address of New Registered Agent

81 Name	JANE WHY
82 Street Address (P.O. Box Number is Not Acceptable)	10710 NINA ST. N.
83	
84 City	LARGO
85 Zip Code	FL 33778

11. Pursuant to the provisions of Sections 607.0532 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 of officer or director of corporation and title (Applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

Connie Weatherby *Jane Why President* 9/8/98

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P&D ☒ DELETE	1.1 TITLE	FROM V TO P & D ☒ Change ☐ Addition
NAME	CONNIE WEATHERBY	1.2 NAME	JANE WHY
STREET ADDRESS	8995 DREAM WAY	1.3 STREET ADDRESS	10710 NINA ST. N.
CITY-STATE-ZIP	LARGO, FL 33773	1.4 CITY-STATE-ZIP	LARGO, FL 33778
TITLE	☐ DELETE	2.1 TITLE	V & T ☐ Change ☒ Addition
NAME		2.2 NAME	ROBERT R. WHY
STREET ADDRESS		2.3 STREET ADDRESS	10710 NINA ST. N.
CITY-STATE-ZIP		2.4 CITY-STATE-ZIP	LARGO, FL 33778
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-STATE-ZIP		3.4 CITY-STATE-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-STATE-ZIP		4.4 CITY-STATE-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	100002650191
STREET ADDRESS		5.3 STREET ADDRESS	-09/28/98--01068--050
CITY-STATE-ZIP		5.4 CITY-STATE-ZIP	***61.25
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-STATE-ZIP		6.4 CITY-STATE-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: *Connie Weatherby* *Jane Why President* 9/8/98 727/5958454

CR2E034 (5/98)