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Apr 05, 1999 8:00 am
Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # G01722

1. Corporation Name
SEACOAST TITLE, INC.

Principal Place of Business

18395 GULF BLVD

#101

INDIAN SHORES FL 33785

Mailing Address

18395 GULF BLVD

#101

INDIAN SHORES FL 33785

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/28/1982

4. FEI Number

59-2275320

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible

Personal Property Tax.

☐ Yes

☒ No

2. Principal Place of Business

21 18395 GULF BLVD

Suite, Apt. #, etc.

22 101

City & State

23 INDIAN SHORES FL

Zip

24 33785

Country

25 USA

2a. Mailing Address

26 18395 GULF BLVD

Suite, Apt. #, etc.

27 101

City & State

28 INDIAN SHORES FL

Zip

29 33785

Country

30 USA

9. Name and Address of Current Registered Agent

WHY, JANE

10710 NINA ST N

LARGO FL 33778

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE VPD ☐ DELETE

NAME WHY, JANE

STREET ADDRESS 10710 NINA STREET NORTH

CITY-ST-ZIP LARGO FL

TITLE VT ☐ DELETE

NAME WHY, ROBERT R

STREET ADDRESS 10710 NINA STREET NORTH

CITY-ST-ZIP LARGO FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

DELETE V

☒ Change

☐ Addition

1.2 NAME

WHY, JANE

1.3 STREET ADDRESS

10710 NINA ST N

1.4 CITY-ST-ZIP

LARGO, FL

2.1 TITLE

☐ Change

☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

☐ Change

☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

☐ Change

☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

☐ Change

☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

☐ Change

☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/29/99

Date

727/5958754

Daytime Phone #

CR2F034 (11/98)