

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED  
Aug 20 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **G47421** (4)  
1. Corporation Name  
**PROFESSIONAL LAND TITLE SERVICES, INC.**



Principal Place of Business  
**% WILLIAM G. NOE, JR.  
599 ATLANTIC BLVD.  
ATLANTIC BEACH FL 32233**

Mailing Address  
**% WILLIAM G. NOE, JR.  
599 ATLANTIC BLVD.  
ATLANTIC BEACH FL 32233**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>07/06/1983</b>		3a. Date of Last Report <b>02/29/1996</b>	
21		26		4. FEI Number <b>59-2327926</b>		Applied For <input type="checkbox"/> Not Applicable	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>			
23 City & State		28 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
24 Zip		25 Country		29 Zip		30 Country	
						8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**NOE, WILLIAM G. JR.  
599 ATLANTIC BLVD.  
ATLANTIC BEACH FL 32233**

10. Name and Address of New Registered Agent

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code **FL**

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 re-registering) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PD</b> <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<b>PD VD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CLAXTON, JOHN CHARLES</b>	1.2 NAME	<b>HARTLE, MARK Q.</b>
STREET ADDRESS	<b>599 ATLANTIC BLVD.</b>	1.3 STREET ADDRESS	<b>599 ATLANTIC BLVD.</b>
CITY-ST-ZIP	<b>ATLANTIC BCH. FL</b>	1.4 CITY-ST-ZIP	<b>ATLANTIC BCH. FL</b>
TITLE	<b>VD</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HARTLE, MARK Q.</b>	2.2 NAME	
STREET ADDRESS	<b>599 ATLANTIC BLVD.</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ATLANTIC BCH. FL</b>	2.4 CITY-ST-ZIP	
TITLE	<b>STD</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HARTLE, CORA S.</b>	3.2 NAME	
STREET ADDRESS	<b>599 ATLANTIC BLVD.</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ATLANTIC BCH. FL</b>	3.4 CITY-ST-ZIP	
TITLE	<b>VD</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>NOE, WILLIAM G. JR.</b>	4.2 NAME	
STREET ADDRESS	<b>599 ATLANTIC BLVD.</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ATLANTIC BCH. FL</b>	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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: *Cora S. Hartle* **CORA S. HARTLE** 8/13/97 (904) 287-5671

CR2E034 (4/97)