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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

H24965

(6)

ASSOCIATED LAND TITLE GROUP, INC.

FILED Apr 22 1998 8:00am Secretary of State



Principal Place of Business Mailing Address								*** **** 1981
O11-C WEST 23RD ST. O11-C WEST 23RD ST.								
P.O. BOX 2493			P.O. BOX 2493			DO NOT MORE IN THE COACE		
PANAMA CITY FL 32402			PANAMA CITY FL 32402			DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified		
						l		
-	Principal Pi	ace of Business	2a. Mailing Address			10/10/1984 4. FEI Number	- I Iac	plied For
_	THIOPATT	26						t Applicable
21	Suite, Apt. 6	l etc	Suite, Apt. #, etc.			59-2467271	\$8.75 /	
22			27			5. Certificate of Status Desired	Fee Re	
44	City & State	ty & State City & State				6. Election Campaign Financing	\$5.00	
23	0.1, 0.01010		28			Trust Fund Contribution	Added t	
	Zip	Country	Zip	Country	,	8. This corporation owes or has paid the c		
24	- •	25	29 36	_ `		Personal Property Tax due June 30.] No
		9. Name and Address of Current		'		10. Name and Address of New Registere	d Agent	
	CR	ISP, DONALD R.		81	Name			
		I-A WEST 23RD STREET			Chank	Address (D.O. Boy Number is Not Assentable)		
PANAMA CITY FL 32405				02	82 Street Address (P.O. Box Number is Not Acceptable)			
				83				
				84	City	F	85 Zip (Code
11	Pursuant t	o the provisions of Sections 607.0502	and 607.1508, Florida Statutes,	the abov	<u>l</u> e-named	•	— , ,	s registered
	office or re	egistered agent, or both, in the State of in familiar with, and accept the obliga	of Florida, Such change was aut	horized b	y the corp	corporation submits this statement for the purpose poration's board of directors. I hereby accept the ap-	pointment as	registered
	=	ir lantillar with, and accept the obliga	tions of, Section 657.0303, Floric	a Statute	5.			
SI	GNATURE :	Signature, lyped or printed name of registered ager	it and title if applicable (NOTE: R	legislored Ag	ent signature	required when reinstating) DATE		
12		OFFICERS AND		TORS 13.		ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTOR	RS IN 12
TIT	LE	DC	DELETE	1.1 TITLE			X Change	Addition
NA	ME	CRISP, DONALD R.		1.2 NAME				
ST	EET ADDRESS	011-A WEST 23RD STREET		1.3 STREE	ADDRESS	2183 Briawood Circle		
CIT	Y-ST-ZIP	PANAMA CITY FL.		1.4 CITY-	ST-ZIP	Panama City FL 32405		
TIT	LE	DP .	☐ DELETE	2.1 TITLE			☐ Change	Addition
NA	ME	HENDERSON, DONALD C.	İ	2.2 NAME		i i		
ST	EET ADDRESS	353 HUNTERS CROSSING		2.3 STREET ADDRESS				
СП	Y-ST-ZIP	ZIP TALLAHASSEE FL		2. 4 CITY-ST-ZIP				
Πī		STD	☐ DELETE	3.1 TITLE			Change	Addition
NA	ME	**************************************		3.2 NAME				
STE	EET ADORESS	DORESS 710 HUNTINGDON ROAD 3		3.3 STREE	ADDRESS			
CIT	Y-ST-ZIP	PANAMA CITY FL 3.4		3.4. CITY-	ST-ZIP			
TIT		VD	☐ DELETE	4.1 THTLE			Change	Addition
NA	ME	CRISP JR, D RAY		4. 2 NAME				
STE	EET ADDRESS	139 CANDLEWICK CIR		4.3 STREE	ADDRESS			
	Y-ST-ZIP	PANAMA CITY FL		4.4 CITY-	ST-ZIP			
TIT			☐ DELETE	5.1 TITLE			Change	Addition
NA	ME			5.2 NAME				
	EET ADDRESS				ADDRESS			
	Y-ST-21P			5.4 CITY-				
TIT			☐ DELETE	6.1 TiTLE			Change	Addition
NA		Ε		6.2 NAME				
	EET ADDRESS				ADDRESS			
	Y-ST-ZIP			6.4 CITY-				

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.

(050) 7(0,000

RE034 (10/97)