

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 01, 1999 8:00 am
Secretary of State

05-01-1999 90095 027 ***150.00

0488132

DOCUMENT # H44408

1. Corporation Name
MANATEE TITLE COMPANY, INC.

Principal Place of Business
2444 NORTH ESSEX AVENUE
HERNANDO FL 34442
US

Mailing Address
2444 NORTH ESSEX AVENUE
HERNANDO FL 34442
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/26/1985

4. FEI Number

59-2501470

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$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 2464 N. ESSEX AVE.

2a. Mailing Address

26 2464 N. ESSEX AVE.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 Hernando, FL

City & State

28 Hernando, FL

Zip

24 34442

Country

Zip

29 34442

Country

30

9. Name and Address of Current Registered Agent

ABEL, E D
2450 N CITRUS HILLS BLVD
HERNANDO FL 34442

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

2476 N. ESSEX AVENUE

83

84 City Hernando

FL

85 Zip Code

34442

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 PD ☐ DELETE
NAME ABEL, ERIC D
STREET ADDRESS 2450 N CITRUS HILLS BLVD
CITY-ST-ZIP HERNANDO FL

TITLE STD ☐ DELETE
NAME PASTOR, JOHN E
STREET ADDRESS 2050 N. BRENTWOOD CIR
CITY-ST-ZIP LECANTO 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 ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS 2476 N. ESSEX AVENUE
1.4 CITY-ST-ZIP HERNANDO, FL 34442

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS 2476 N. ESSEX AVENUE
2.4 CITY-ST-ZIP HERNANDO, FL 34442

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:

STEPHEN A. TAMMASEI
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-22-99 352-746-6060
Date Daytime Phone #

CR2E034 (11/98)