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FILED
Mar 16 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # H65575 (3)
1. Corporation Name
LIBERTY MAXIMUM TITLE, INC.

Principal Place of Business

777 N HIGHWAY A1A
STE 101
INDIALANTIC FL 32903
US

Mailing Address

1800 EAU GALLIE BLVD
SUITE 200
MELBOURNE FL 32935
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/09/1985

4. FEI Number

59-2561134

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 or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 777 N. Hwy. A1A

26 777 N. Hwy. A1A

Suite, Apt. #, etc

Suite, Apt. #, etc

22 201

27 201

City & State

City & State

23 Indialantic, Florida

28 Indialantic, Florida

Zip

Country

Zip

Country

24 32903

25 US

29 32903

30 US

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WALDRON, THOMAS D. ESQ.
121 HUSBISCUS BLVD.
MELBOURNE FL 32901

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 Thomas D. Waldron, Esq.

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstalling)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P
NAME CARRAWAY, JAMES D.
STREET ADDRESS 1800 EAU GALLIE BLVD, SUITE #200
CITY-ST-ZIP MELBOURNE FL

TITLE VP
NAME WALL, BARBARA
STREET ADDRESS 777 N HIGHWAY A1A, SUITE 101
CITY-ST-ZIP INDIALANTIC FL

TITLE VP
NAME TAYLOR, NANCY
STREET ADDRESS 777 N HIGHWAY A1A, SUITE 101
CITY-ST-ZIP INDIALANTIC FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
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.

SIGNATURE:

Caraway

3-16-98

407/722-9447

CR2034 (10/97)