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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Feb 23, 1999 8:00 am Secretary of State

02-23-1999 90007 020 ***150.00

DOCUMENT # H67677

1. Corporation Name

PREMIER TITLE SERVICES, INC.					
Principal Place of Business	Mailing Address		s residir offe attit sense antit regis resi	mist Ateri S1811 61811 811	Et: 81811 1987
1111 OAKFIELD DR	1111 OAKFIELD DR		,		
STE 115	STE. 115		DO NOT WEITE IN	THE COACE	
BRANDON FL 33511 US	BRANDON FL 33511 US		DO NOT WRITE IN 3. Date Incorporated or Qualifed	INIO SPACE	
us	03		07/23/1985		1
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	App	lied For
-	26		59-2577088	<u> </u>	Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.			\$8.75 Ad	
<u> </u>	27		5. Certifcate of Status Desired	Fee Req	uired
City & State	City & State		6. Election Campaign Financing	\$5.00 A	/lay Be
23	28		Trust Fund Contribution	Added to	Fees
Zip Country	Zip	Country	8. This corporation owes the current ye	ear Intangible	_/
24 25 2	29 30	<u> </u>	Personal Property Tax.		.el No
9. Name and Address of Current Re	egistered Agent		10. Name and Address of New Regist	tered Agent	
ANCHAY DIVIE C		81 Name	DIXIE S. MACKA	M	Į.
MACKAY DIXIE S 9310 OLD GIBSONTON DR		82 Street Add	ress (P.O. BooNumber is Not Arceptable)	101	
GIBSONTON FL 33534		05	560 REGAL KIVER	<u>- 100.</u>	
GIBSUNTON FE 33334		83			ļ
		84 City VA	URICO	FL 85 Zip C	294
11. Pursuant to the provisions of Sections 607.0502 ar	nd 607,1508, Florida Statutes,	the above-named corp	moration submits this statement for the num	se of changing its r	egistered
office or registered agent hetertheighe State of F	Inrida, Such change was author	orized by the corporati	tion's board of directors. I hereby accept the	appointment as regi	stered
agent I am familiar with and a rent the chlinations	s of Section 607 0505 Florida	Statutes	· · · · · · · · · · · · · · · · · · ·		
office or registered agent, or both or the State of F agent. I am familier with and accept the obligation:	s of, Section 607.0505, Florida	a Statutes.	,	-4-99	ļ
agent. I am familier with and accept the obligations SIGNATURE Signature, types of younge of regregated agent and	_	a Statutes.		-4-99	
SIGNATURE	d title if applicable. (NOTE: Res			RS AND DIRECTOR	RS IN 12
SIGNATURE Signature, typed of printed name of registered agent and 12. OFFICERS AND D TITLE PD	title if applicable. (NOTE: Reg	gistered Agent signature require 13. 1.1 TITLE	red when reinstating) ADDITIONS/CHANGES TO OFFICE	RS AND DIRECTOR	
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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 en an attachniem with an address, with all other like empowered.

SIGNATURE: