

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

FILED
Mar 18 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 # H84330 (0)
1. Corporation Name
STEWART TITLE OF NORTHWEST FLORIDA, INC.

Principal Place of Business	Mailing Address
903-B BEAL PKWY. FT. WALTON BEACH FL 32547	903-B BEAL PKWY. FT. WALTON BEACH FL 32547

2. Principal Place of Business		2a. Mailing Address	
21		26	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22		27	
City & State		City & State	
23		28	
Zip	Country	Zip	Country
24	25	29	30

3. Date Incorporated or Qualified 11/04/1985	
4. FEI Number 59-1979567	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent	
HICKMAN, HAROLD 3401 W. CYPRESS ST. #202 TAMPA FL 33607	81 Name
	82 Street Address
	83
	84 City

10. Name and Address of New Registered Agent		
ss (P.O. Box Number is Not Acceptable)		
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

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.	
TITLE	DST	<input type="checkbox"/> DELETE		1.1 TITLE	
NAME	BAILEY, RICHARD A.			1.2 NAME	
STREET ADDRESS	1110 MONTLIMAR DR #620			1.3 STREET ADDRESS	
CITY - ST - ZIP	MOBILE AL 36609			1.4 CITY - ST - ZIP	
TITLE	C	<input type="checkbox"/> DELETE		2.1 TITLE	
NAME	HICKMAN, HAROLD			2.2 NAME	
STREET ADDRESS	3401 W. CYPRESS ST. #202			2.3 STREET ADDRESS	
CITY - ST - ZIP	TAMPA FL 36607			2.4 CITY - ST - ZIP	
TITLE	P	<input type="checkbox"/> DELETE		3.1 TITLE	
NAME	DARRISON, DONNA			3.2 NAME	
STREET ADDRESS	903B BEAL PKWY			3.3 STREET ADDRESS	
CITY - ST - ZIP	FT. WALTON BEACH FL			3.4 CITY - ST - ZIP	
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE	
NAME				4.2 NAME	
STREET ADDRESS				4.3 STREET ADDRESS	
CITY - ST - ZIP				4.4 CITY - ST - ZIP	
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE	
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	
NAME				6.2 NAME	
STREET ADDRESS				6.3 STREET ADDRESS	
CITY - ST - ZIP				6.4 CITY - ST - ZIP	

[illegible]

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; 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 as required. Please attach with an address

SIGNATURE:

3/12/98 (850)
862-2266

CR2E034 (10/97)