

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 07, 2006 8:00 am
Secretary of State

07-07-2006 90003 022 ***150.00

DOCUMENT # H84330

1. Entity Name
STEWART TITLE OF NORTHWEST FLORIDA, INC.



Principal Place of Business
**903-B BEAL PKWY.
FT. WALTON BEACH, FL 32547**

Mailing Address
**1110 MONTLIMAR DRIVE
SUITE 620
MOBILE, AL 36609**

50021829



07052006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3168809

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**HICKMAN, HAROLD
3401 W. CYPRESS ST.
#202
TAMPA, FL 33607**

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST BAILEY, RICHARD A. 1110 MONTLIMAR DR #620 MOBILE, AL 36609
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C HICKMAN, HAROLD 3401 W. CYPRESS ST. #202 TAMPA, FL 36607
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST MITCHEL, GLENDA 8220 WINDSOR WAY MOBILE, AL 36695
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LANCASTER, WHIT 3401 W. CYPRESS DT #202 TAMPA, FL 36607
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

July 5, 2006 851-342-0026