

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

FILED
Mar 24 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mogham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **J88147** (0)
1. Corporation Name
SOUTHEAST TITLE GROUP, INC.



Principal Place of Business 995 STATE ROUTE 434 NORTH SUITE 514 ALTAMONTE SPRINGS FL 32714 US	Mailing Address P.O. BOX 126 PENSACOLA FL 32591-0126
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 08/14/1987	
21		26		4. FEI Number 59-2835740	
22		27		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24		29		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 COX, WILLIAM K 2500 MAITLAND CENTER PARKWAY SUITE 409 MAITLAND FL 32751		10. Name and Address of New Registered Agent 81 Name SUSAN L. MILLER 82 Street Address (P.O. Box Number is Not Acceptable) 995 S.R. 434 N. STE. 514 83 84 City ALTAMONTE SPRINGS FL 85 Zip Code 32714	
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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 *Susan L. Miller* DATE **1/19/98**
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	PRESIDENT/DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHELNUTT, PEGGY C	1.2 NAME	SUSAN L. MILLER
STREET ADDRESS	1101 N. PALAFOX STREET	1.3 STREET ADDRESS	995 S.R. 434 N. STE. 514
CITY-ST-ZIP	PENSACOLA FL	1.4 CITY-ST-ZIP	ALTAMONTE SPRINGS, FL. 32714
TITLE	EVP <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLER, SUSAN L	2.2 NAME	
STREET ADDRESS	1101 N. PALAFOX STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL	2.4 CITY-ST-ZIP	
TITLE	ST <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARRIS, BARBARA A	3.2 NAME	
STREET ADDRESS	1101 N. PALAFOX STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL	3.4 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALLER, ALETHA	4.2 NAME	
STREET ADDRESS	500 SE FORT KING STREET SUITE A	4.3 STREET ADDRESS	
CITY-ST-ZIP	OCALA FL	4.4 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEWIS, LYNNE	5.2 NAME	
STREET ADDRESS	470 S. LAWRENCE BLVD	5.3 STREET ADDRESS	
CITY-ST-ZIP	KEYSTONE HEIGHTS FL	5.4 CITY-ST-ZIP	
TITLE	P <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COX, WILLIAM K	6.2 NAME	
STREET ADDRESS	2500 MAITLAND CENTER PKWY, SUITE 409	6.3 STREET ADDRESS	
CITY-ST-ZIP	MAITLAND FL	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: *Susan L. Miller* DATE: **1/19/98** (407) 786-1987

CR2E034 (10/97)