May 05, 1999 8:00 am Secretary of State

05-05-1999 90136 016 ***150.00

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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # J89358

1. Corporation Name

SENTRY TITLE COMPANY OF CENTRAL FLORIDA, INC.

OLIVITI	THEE COMMENT OF CEST	THAE LOGIDA, INC.			
Principal Place	e of Business	Mailing Address		ואום זופו נסובם תנוני סטוסו קומון וסום קומנסטו ז) DIBIT BIRST BIRIT BIRIT BIRIT TERS
222 S WESTMONTE DR 222 S WESTMONTE DR SUITE 213 SUITE 213				DO NOT WRITE IN TH	IS SPACE
ALTAMONTE SF	PRINGS FL 32714	ALTAMONTE SPRINGS FL 323	/14	3. Date Incorporated or Qualifed 08/26/1987	0 0 7 7 0 2
2. Principal Pl	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		59-2837872	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 Additional Fee Required
City & State	9	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip 29 3	Country	This corporation owes the current year Personal Property Tax.	ntangible
24	9. Name and Address of Curre		<u> </u>	10. Name and Address of New Registere	
	v. Italia and Address of Chile	ar redigion on vident	81 Name		
KENDALL, DONALD F. 605 HERMITS TRAIL			82 Street Addre	ess (P.O. Box Number is Not Acceptable)	
ALTAMONTE SPRINGS FL 32701			83		
,	•		84 City	F	85 Zip Code
l office or re	egistered agent, or both in the State or familier with, and accept the obligation of the state of the obligation of t	of Florida. Such change was autrations of Section 607.0505, Florid	nonzed by the corporation a Statutes. LOF. LCUDP agistered Agent signature required	d when reinstating) DATE	Ciliument as registered
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS	
TITLE	DVP	☐ DELETE	1.1 T/TLE		Change Addition
NAME	KENDALL, DONALD F		1.2 NAME		
STREET ADDRESS	·		1.3 STREET ADDRESS		
CITY-ST-ZIP	ALTAMONTE PRINGS FL 3271	DELETE	1.4 CITY-ST-ZIP 2.1 TITLE		Change Addition
TITLE	BOWIE, JOAN C.		2.2 NAME		
NAME STREET ADDRESS	605 HERMITS TRAIL		2.3 STREET ADDRESS		·
CITY-ST-ZIP	ALTAMONTE SPRINGS FL		2, 4 CITY-ST-ZIP		
TITLE		☐ DELETE	31 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS	•		3.3 STREET ADDRESS		
CITY-ST-ZIP	- W. A.		3.4. CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4, 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		Ì
CITY-ST-ZIP		DELETE	4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE			5.1 TITLE 5.2 NAME		Containing Containing
NAME etocet annocce	•		5.3 STREET ADDRESS		
STREET ADDRESS			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		Change Addition
NAME		_	6.2 NAME		

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, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

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