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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

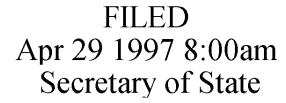
POCUMENT # J92372

(8)

GUARDIAN TITLE SERVICES CORPORATION

Principal Place of Business

Mailing Address





FORT MYERS F	FL 33919	FORT MYERS FL 33901-30	016					
		Ų3			3. Date Incorporated or Qualified 09/15/1987	3a. Date of t		
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number		Applied For	
21 23//	COLLEGE TKWY	26			65-0014546	1	Not Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc. 22 UITE 2 27					5. Certificate of Status Desired	1/1	.75 Additional	
City & State City & State City & State City & State 28					Election Campaign Financing Trust Fund Contribution		5.00 May Be	
Zip	Country	Zip	Count	rv		. <u> — </u>	dded to Fees	
24 33919 25 USA 29 30			30	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No				
9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent			
MCKINLAY, RICHARD S.				1 Name				
6140 GRIFFIN BLVD. FORT MYERS FL 33908			8	2 Street Ad	ddress (P.O. Box Number is Not Acceptable)			
			8	3				
			8	4 City		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, typod or printed hand of registered agent and title if applicable (NOTE Registured Agent signature required when roinstating) DATE								
12.	OFFICERS ANI		13.	gent a griature rec	ADDITIONS/CHANGES TO OFFICE		CTORS IN 12	
TITLE	PSD	DELETE	1.1 TITLE			☐ CH	(
NAME	MCKINLAY, RICHARD S.		1.2 NAMI					
STREET ADDRESS	6410 GRIFFIN BLVD		1.3 STRE	E1 ADORESS			S	
CITY-ST-ZIP	FORT MYERS FL		1,4 CITY	ST-ZIP			ļ	
TITLE		☐ DELETE	2.1 TITLE			☐ Ch	nange	
NAME			2.2 NAM					
STREET ADDRESS			2.3 STRE	ET ADDRESS				
CITY-ST-ZIP		- Colore	2. 4 CITY					
TITLE		L''] DELETE	311111.6			L Ch	iange 🗀 Addition	
NAME Street address			3 2 NAMI					
CITY-ST-ZIP				ET ADDRESS				
TITLE		DELETE	34 CITY 41 THILE			☐ Ch	lange Addition	
NAME			4 2 NAM				lange Abotton	
STREET ADDRESS				1 Address			1	
CITY-ST-ZIP			4.4 City				İ	
TITLE		DELFTE	5.1 TILE			Ch	ange Addition	
NAME			5.2 NAME			_		
STREET ADDRESS			1	1 ADDRESS				
CITY-ST-ZIP			5.4 C(1)					
TITLE		DELETE	6.1 TITLE			☐ Ch	ange Addition	
NAME			6.2 NAME					
STREET ADDRESS			6.3 \$1RE	1 ADDRESS				
CITY-ST-ZIP			6.4 CITY	ST-ZIP				
14. I do hereb	ov certify that the information supplier	I with this filing does not qualit			ed in Section 119 07(3)(i). Florida Statutes	Lifurther portifi	that the	

Information indicated on this annual report of supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that am an officer or director of the corporation