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PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J98172 (6)

WILSON ABSTRACT & TITLE INSURANCE CO.

## FILED Apr 16 1998 8:00am Secretary of State



Principal Place of Business Mailing Address 802 E. HATHAWAY AVE. P.O. BOX 67 **BRONSON FL 32621 BRONSON FL 32621** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 10/16/1987 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 59-2852508 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional M 5. Certificate of Status Desired 22 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution 28 Added to Fees Zıp Country Country 8. This corporation owes or has paid the current year Intangible Yes 24 29 30 Personal Property Tax due June 30. ΠNo 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name INSURANCE COMMISSIONER THE CAPITOL BLDG. 82 Street Address (P.O. Box Number is Not Acceptable) TALLAHASSEE FL 32399 83 City Zip Code 85 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 (NOTE Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. TITLE DELETE 1.1 TITLE Change Addition MILLS, H.LEE NAME 1.2 NAME 205 S.W. 14TH STREET STREET ADDRESS 1.3 STREET ADDRESS CHIEFUND FL CITY-ST-ZIP 1.4 CITY - ST- ZIP DELETE 2.1 TITLE Change Addition TITLE MILLS. HAROLD E. NAME 2.2 NAME 3307 N.W. 84TH LANE STREET ADDRESS 2.3 STREET ADDRESS CHIEFLIND FL CHTY-ST-ZIP 2 4 CITY-ST-7IP DELETE Change Addition TITLE 3.1 TITLE ROBERTS, PATRICIA A. NAME 32 NAME 26824 SW 127TH AVE STREET ADDRESS 3.3 STREET ADDRESS **NEWBERRY FL** CITY - ST - ZIP 3.4. CITY-ST-ZIP DELETE XX Change Addition TITLE 4.1 TITLE WATSON, REGENA W. Mills, Regena W. 205 S.W. 14th Street NAME 4. 2 NAME 11348 N.E 60TH LANE STREET ADDRESS 4.3 STREET ADDRESS **BRONSON FL** Chiefland, FL 32626 CITY-ST-ZIP 4.4 City-St-ZiP DELETE Addition TITLE 5.1 TOLE Change NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE ☐ Change ☐ Addition TITLE 6.1 TITLE NAME 6.2 NAME **6.3 STREET ADDRESS** STREET ADDRESS CITY-ST-ZIP 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 eath; 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 13 if changed, or on an attachment with an address.

SIGNATURE: Yothing OBLOTA Populi A Robert Exer Socration 4/12/98 (352)486-2033

CR2E034 (10/97)