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FILED

Apr 24 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # K28231 (4)

1. Corporation Name

ARMISTEAD COMMERCIAL TITLE GROUP, INC.

Principal Place of Business

Mailing Address

P O BOX 20386  
TAMPA FL 33622

P O BOX 20386  
TAMPA FL 33622-0386

3. Date Incorporated or Qualified

07/13/1988

3a. Date of Last Report

04/15/1996

4. FEI Number

59-2900559

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☒

Yes

☐

No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ARMISTEAD JR., EARNEST S.  
ARMISTEAD COMMERCIAL TITLE GROUP, INC.  
550 N REO ST #300  
TAMPA FL 33609

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD  
NAME ARMISTEAD, EARNEST S. JR  
STREET ADDRESS 1875 W. BAY DR #214  
CITY- ST- ZIP LARGO FL

☐ DELETE

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY- ST- ZIP 34640

☐ Change

☒ Addition

TITLE VST  
NAME ARMISTEAD, EARNEST S. III  
STREET ADDRESS 1331 PEACHTREE DRIVE  
CITY- ST- ZIP PALM HARBOR FL

☐ DELETE

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY- ST- ZIP 34683

☐ Change

☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

☐ DELETE

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY- ST- ZIP

☐ Change

☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

☐ DELETE

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY- ST- ZIP

☐ Change

☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

☐ DELETE

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY- ST- ZIP

☐ Change

☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

☐ DELETE

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY- ST- ZIP

☐ Change

☐ Addition

14. I do 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 unchanged, or on an attachment with an address

SIGNATURE: Earnest S. Armistead, Jr. President  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 18, 1997 (813) 289-3038  
Date Daytime Phone #

0369499

CR2E034 (9/96)