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May 07 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 # K98962 (9)

1. Corporation Name

SUNCO TITLE INSURANCE AGENCY, INC.

Principal Place of Business

819 CYPRESS VILLAGE BLVD
RUSKIN FL 33573
US

Mailing Address

819 CYPRESS VILLAGE BLVD
RUSKIN FL 33573-6744
US

3. Date Incorporated or Qualified
06/29/1989

3a. Date of Last Report
05/01/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

4. FEI Number

65-0131773

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

9. Name and Address of Current Registered Agent

WILLIAM R. LANE
601 EAST KENNEDY BOULEVARD
SUITE 1400
TAMPA FL 33602

10. Name and Address of New Registered Agent

81 Name

Allen Preston

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

3805 Cardenal Avenue

83

84 City Ruskin

FL

85 Zip Code 33573

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 Allen Preston, President

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-4-97

12. OFFICERS AND DIRECTORS

TITLE PD
NAME PRESTON, ALLEN J.
STREET ADDRESS 3805 CARDENEL AVENUE
CITY-ST-ZIP RUSKIN FL

TITLE SD
NAME PRESTON, ROSINA
STREET ADDRESS 3805 CARDENAL AVENUE
CITY-ST-ZIP RUSKIN FL

TITLE TD
NAME AGAN, PATRICIA M.
STREET ADDRESS 5008 TERRACE VILLAGE LN.
CITY-ST-ZIP TAMPA FL

TITLE D
NAME HIGGINS, BOBBY W.
STREET ADDRESS 3812 CARDENAL AVE
CITY-ST-ZIP RUSKIN FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD
1.2 NAME Preston, Allen J.
1.3 STREET ADDRESS 3805 Cardenal Avenue
1.4 CITY-ST-ZIP Ruskin, FL.

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

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

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

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

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

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 if changed, or on an attachment with an address.

SIGNATURE Allen Preston, President

4-4-97

812-623-3331

CR2E034 (9/96)