ECOND NOTICE: CORPSRATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # L11060

OKEECHOREE ARSTRACT & TITLE INSURANCE INC.

FILED Jul 12, 1999 8:00 am Secretary of State

07-12-1999 90021 027 ***550.00



Principal Place of Brusiness 2a Mailing Address 2a Suits Apt. #, etc. 55-0146414 Status Desired 58.75 Auditional Principal Place of Status Desired 58.75 Auditional Principal Prin	incipal Place	of Business ST 3RD STREET FL 34972	Mailing Address 302 NORTHWES OKEECHOBEE F	T 3RD STREET			DO NOT WRITE IN THE 3. Date Incorporated or Qualified 08/23/1989	IIS SPACE
Suite, Apt. #, etc. Suite, Apt. #, etc.	Principal Pl	ace of Business	2a. Mailing Add	ress				Applied For
City & State			26				65-0146414	
Zip	Suite, Apt. a	#, etc.	- ¬				5. Certificate of Status Desired	
BARBER, R.H. 302 N.W. 3RD STREET OKEECHOBEE FL 34972 Pursuant to the provisions of accions 607.0502 and 607.1508, Florida Statutes, the above-nerred comporation submits this statement for the purpose of changing its 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 are 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 are 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 are 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 are 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 are registered agent. Or both in the State of Florida. Statutes. Control Pursuant	City & State)	 1			-		
9. Name and Address of Current Registered Agent BARBER, R.H. 302 N.W. 3RD STREET OKEECHOBEE FI. 34972 1. 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 diffice 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 obligations of section 697.0505, Ferioda Statutes, Change Po	Zip	—	⊢ ¬ '		Country			Yes No
BARBER, R.H. 302 N.W. SRD STREET OKEECHOBEE FL 34972 Bas Zip Code							10. Name and Address of New Register	ed Agent
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 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. GRANTURE	302 N.W. 3RD STREET				82 83	Street Addre	ess (P.O. Box Number is Not Acceptable)	98 Zin Code
OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 UE PD DELETE 11 TITLE 12 NAME 302 N.W. 3RD STREET OKEECHOBEE FL 14 CITY-ST-ZIP UE BARBER, THOMAS W. 22 NAME 322 N.W. 3RD STREET OKEECHOBEE FL 22 STREET ADDRESS VST-ZIP OKEECHOBEE FL 22 STREET ADDRESS VST-ZIP OKEECHOBEE FL 22 STREET ADDRESS VST-ZIP UE DELETE 31 STREET OKEECHOBEE FL 22 Addition WE 32 STREET ADDRESS 33 STREET ADDRESS 34 CITY-ST-ZIP UE 41 TITLE Change Addition WE 42 NAME 43 STREET ADDRESS VST-ZIP UE 41 TITLE Change Addition WE 42 NAME 43 STREET ADDRESS VST-ZIP UE 41 TITLE Change Addition WE 42 NAME 43 STREET ADDRESS VST-ZIP UE 41 TITLE Change Addition WE 42 NAME 43 STREET ADDRESS VST-ZIP UE 41 TITLE Change Addition WE 42 NAME 43 STREET ADDRESS VST-ZIP UE 41 TITLE Change Addition WE 45 STREET ADDRESS VST-ZIP UE 46 STREET ADDRESS VST-ZIP UE 46 STREET ADDRESS VST-ZIP UE 47 STREET ADDRESS VST-ZIP UE 48 STREET ADDRESS VST-ZIP UE 49 STREET ADDRESS VST-ZIP UE 40 STREET ADDRESS VST-ZIP UE 41 TITLE Change Addition WE 42 NAME 43 STREET ADDRESS VST-ZIP UE 44 CITY-ST-ZIP UE 45 STREET ADDRESS UE ADDRESS UE ADDRESS UE ADDRESS US AD	office or r agent. I a	registered agent, or both, in the Stat im familiar with, and accept the obli-	te of Florida. Such cha gations of, section 607	nge was autho .0505, Florida	Statutes	named corpor the corporatio	ration submits this statement for the purpose of on's board of directors. I hereby accept the ap $7/2$	f changing its registered : 5 pointment as registered : 5
DELETE DELETE STREET ADDRESS STREET ADDRES						jent signature requ	3 /	
BARBER, R.H.	:, 						ADDITIONO/OFFICE TO GITTOLING	
1.3 STREET ADDRESS		· - ,		CTT 15		Ì		Guarda Tivanasıı
NETADORES NAME STATE NAME N				i i		ADDRESS		
LEE VD BARBER, THOMAS W. 302 N.W. 3RD STREET OKEECHOBEE FL 22 STREET ADDRESS V-ST-ZIP OKEECHOBEE FL 23 STREET ADDRESS V-ST-ZIP OKEECHOBEE SL 24 CITY-ST-ZIP LE 27 AMME 23 STREET ADDRESS V-ST-ZIP OKEECHOBEE SL 24 STREET ADDRESS V-ST-ZIP OKEECHOBEE SL 25 STREET ADDRESS V-ST-ZIP OKEECH	1			1				{ }
BARBER, THOMAS W. 302 N.W. 3RD STREET 23 STREET ADDRESS 24 CITY-ST-ZIP			Пг					Change Addition
23 STREET ADDRESS 302 N.W. 3RD STREET 24 CITY-ST-ZIP					2.2 NAME		_ , _	
V.ST.ZIP		· ·		2	2.3 STREET ADDRESS			
DELETE	Į.			12	2.4 CITY-ST	-ZIP		
REET ADDRESS 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP				ELETE 3	3.1 TITLE			Change Addition
Y-ST-ZIP 3.4 CITY-ST-ZIP	VE		عيديد السندانيات دست	3	3.2 NAME			
DELETE	REET ADDRESS			3	3.3 STREET	ADDRESS		
A 2 NAME	Y-ST-ZIP					ZIP		
A3 STREET ADDRESS A4 CITY-ST-ZIP A4 CITY-ST-ZIP	LE			LLLIL				Change Addition
Y-ST-ZIP 4.4 CITY-ST-ZIP LE DELETE 5.1 TITLE Change Addition ME	WE.			•				
DELETE DELETE S.1 TITLE Change Addition	REET ADDRESS			- 1				
## 5.2 NAME ## 5.3 STREET ADDRESS ## 5.3 STREET ADDRESS ## 5.4 CITY-ST-ZIP ## C DELETE 6.1 TITLE			<u> </u>			ZIP		
5.3 STREET ADDRESS	l			LLLIL		1		Change Addition
		•						
E DELETE 6.1 TITLE Change Addition 6.2 NAME EET ADDRESS (-ST-ZIP - 6.4 CITY-ST-ZIP				<u> </u>				
6.2 NAME EET ADDRESS 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP 6.4 CITY-ST-ZIP						-ZIP		
EET ADDRESS 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	i		<u></u>	LLLIL				L Change L Addition
f-ST-ZIP						+DDDCGC		
			j					
	/-ST-Z/P	wife that the information aunalised wi	ith this filing dock not a				tion 119 (17/3Vi) Florida Statutes I further cert	ify that the information

ual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that if am er or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears an officer or director of the corpora in Block 12 or Block 13 if changed

IGNATURE: