FILED Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90057 023 \*\*\*150.00

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

Mailing Address

138 W NEW YORK AVE

**PROFIT CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # L42122

1. Corpora ion Name

Principal Place of Business

139 M NEW YORK AVE

EAST FLORIDA TITLE SERVICES, INC.

DELAND FL 32720 US		DELAND FL 32720 US				DO NOT W	RITE IN THI	S SPACE	
					DO NOT WRITE IN THIS SPACE  3. Date ir corporated or Qualifed				
					01/09	•	-		
2. Principa Pla	ace of Business	2a. Mailing Address			4. FEI Nu		<del></del>	1	Applied For
21		26			59-2990917				Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.						\$8.75	Additional
22		27			5. Certificate of Status Desired Fee Recuired				
City & State		City & State			6. Electio	n Campaign Financin	g 🗆	\$5.00	0 May Be
23		28			Trust Fund Contribution Added to Fees				
Zip	Courtry	Zip	Countr	у	1	rporation owes the cu	ırrent year∃r	ntangible Yes	r=1
24	25	- <del> </del>	30			Personal Property Tax.  O. Name and Address of New Registered A			[]No
	9. Name and Address of Curren	t Registered Agent	8-	Name	10. Name	and Address of New	Registere	Agent	
wan	D, BRIAN W		*	Name					
	NOTTINGHAM RD	82 Street Acc		dress (P.O. Box	Number is Not Accep	ptable)			
	TH DAYTONA FL 32114		83	,				<del></del>	
000	III DAI TORA LE CETT		6.	<u> </u>				<del>_</del> , , ,	
			84	City			FI	L 85 Zip	c Code
11. Pursuant t	o the provisions of Sections 607.0502	and 607.1508, Florida Statute	s, the abov	ve-named cc	rporation submi	s this statement for th	ne purpose c	f changing i	ts registered
office or re	egistered agent, or both, in the State of familiar with, and accept the obligat	of Florida, Such change was au tions of, Section 607,0505, Flor	ithonzed by ida Statute	y the corpora s.	ition's board of d	irectors. I nereby acc	ept the apt o	Millinent as i	registered
									i
SIGNATUFE	Signature, typed or printed na ne of registered agen	t and title if applicable. (NOT E:	Registered Age	ent signature requ	ired when reinstating)		DATE		
12.	OFFICERS AN	DIRECTORS	13.		ADDITIO	NS/CHANGES TO C	OFFICERS '		
TITLE	P	☐ DELETE	1.1 TITLE					Change	e
NAME	WOOD, BRIAN W		1.2 NAME						ļ
STREET ADDRESS	2177 NOTTINGHAM ROAD		1.3 STRE	ET ADDRESS					
CITY-ST-ZIP	SOUTH DAYTONA FL 32114		1.4 CITY-	ST-ZIP					
TITLE	V	☐ DELETÉ	2.1 TITLE					Change	e 🔲 Addition
NAME			2.2 NAME						
STREET ADDRESS	2177 NOTTINGHAM ROAD		2.3 STRE	ET ADDRESS					
CITY-ST-ZIP	SOUTH DAYTONA FL 32114		2. 4 CITY-	ST-ZIP					
TITLE		☐ DELETE	3.1 TITLE					Change	e
NAME			3.2 NAME						į
STREET ADDRESS			3.3 STRE	ET ADDRESS					
CITY-ST-ZIP			3.4. CITY-	ST-ZIP					
TITLE		☐ DELETE	4.1 TITLE					Change	e 🔲 Addition
NAME			4. 2 NAME	<b></b>					
STREET ADDRESS			4.3 STRE	ET ADDRESS					
C/TY-ST-ZIP			4.4 CITY-	ST-ZIP					
TITLE		☐ DELETE	5.1 TITLE					Change	e 🔲 Addition
NAME			5.2 NAME						
STREET ADDRESS			5.3 STRE	ET ADDRESS					
CITY-ST-ZIP			5.4 CITY-						
TITLE		☐ DELETE	6.1 TITLE					☐ Change	e 🔲 Addition
NAME			6.2 NAME						
STREET ADDRESS			6.3 STRE	ET ADDRESS					

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 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 attact ment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

(904) 734.0241