

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 26, 1999 8:00 am  
Secretary of State

04-26-1999 90045 048 \*\*\*150.00

DOCUMENT # L80753

1. Corporation Name  
ADVANCE HOMESTEAD TITLE, INC.



Principal Place of Business  
2233 S.E. FT. KING STREET  
OCALA FL 34471

Mailing Address  
2233 S.E. FT. KING STREET  
OCALA FL 34471

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
21 1203 SW 12th Street  
Suite, Apt. #, etc.  
22 Suite 9  
City & State  
23 Ocala FL  
Zip Country  
24 34474 25 Marion

2a. Mailing Address  
26 1203 SW 12th Street  
Suite, Apt. #, etc.  
27 Suite 9  
City & State  
28 Ocala FL  
Zip Country  
29 34474 30 Marion

3. Date Incorporated or Qualified  
06/13/1990

4. FEI Number  
59-3013616

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 owes the current year Intangible Personal Property Tax. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

STENSON, THOMAS F. JR  
2233 SE FT KING STREET, SUITE A  
OCALA FL 34471

10. Name and Address of New Registered Agent

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 <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STENSON, THOMAS F. JR	1.2 NAME	
STREET ADDRESS	2233 SE FT. KING ST., SUITE A	1.3 STREET ADDRESS	1203 SW 12th Street, Suite 9
CITY-ST-ZIP	OCALA FL	1.4 CITY-ST-ZIP	Ocala, FL 34474
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STENSON, KRISTINA	2.2 NAME	
STREET ADDRESS	2233 SE FT. KING ST., SUITE A	2.3 STREET ADDRESS	1203 SW 12th Street, Suite 9
CITY-ST-ZIP	OCALA FL	2.4 CITY-ST-ZIP	Ocala, FL 34474
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/99

(352) 732-4734

Date

Daytime Phone #

CR2E034 (11/98)

048586