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Apr 29 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # M84345

(1)

1. Corporation Name

SUNBELT TITLE AGENCY, INC.

Principal Place of Business

Mailing Address

240 CROWN OAKS CENTRE DRIVE
SUITE 6
LONGWOOD FL 32750
US

PO BOX 6600
CLEARWATER FL 34616
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/08/1988

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

33758

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FISHER POWER, JILL ESQ
19353 US HWY 19 N.
STE 100
CLEARWATER FL 34624

33764

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 D
NAME COPE, RICHARD W
STREET ADDRESS 19353 UW HWY 19 NO, SUITE 100
CITY-ST-ZIP CLEARWATER FL

☐ DELETE

TITLE DV
NAME TOOKE, EDWIN C
STREET ADDRESS 19353 US HWY 19 NORTH, SUITE 100
CITY-ST-ZIP CLEARWATER FL

☐ DELETE

TITLE DP
NAME MUELLER, JAMES G
STREET ADDRESS 7100 W. COMMERCIAL BLVD
CITY-ST-ZIP FT LAUDERDALE FL

☐ DELETE

TITLE TS
NAME STICCO, LEWIS A
STREET ADDRESS 19353 US HWY 19 NO, SUITE 100
CITY-ST-ZIP CLEARWATER FL

☐ DELETE

TITLE V
NAME HOWARD, SHARON
STREET ADDRESS 240 CROWN OAKS CENTRE DRIVE
CITY-ST-ZIP LONGWOOD FL

☐ DELETE

TITLE V
NAME MCARDLE, DENNIS
STREET ADDRESS 4100 WEST KENNEDY BVD STE 206
CITY-ST-ZIP TAMPA FL

☐ DELETE

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP 33764

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP 33764

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP 33319

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP 33764

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP 32750

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP 33609

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.

SIGNATURE: Lewis A Sticco, Dennis McCardle, Sharon Howard, Richard Cope, Edwin C Tooke
4/14/98 8:12/528-54-8

CR2E034 (10/97)