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Feb 28 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 # **M84349** (3)
1. Corporation Name
SUNBELT TITLE AGENCY OF CENTRAL FLORIDA, INC.

Principal Place of Business Mailing Address
**240 CROWN OAKS CENTRE DRIVE
ORLANDO FL 32750
US** **PO BOX 6600
CLEARWATER FL 34618-6600
US**

3. Date Incorporated or Qualified **06/08/1988** 3a. Date of Last Report **04/10/1996**
4. FEI Number **59-2892337** 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

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip Country 29 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent

**MORRIS A LECOMPT, ESQ
100 SECOND AVENUE SOUTH
CITY CENTER 12TH FLOOR
ST. PETERSBURG FL 33701**

10. Name and Address of New Registered Agent

81 Name **Jill Fisher Powers-Esquire**
82 Street Address (P.O. Box Number is Not Acceptable)
19353 US HWY 19 N.
83 **Suite 100**
84 City **Clearwater** FL 85 Zip Code **34624**

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 **Jill Fisher Powers, Esquire**

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

(NOTE: Registered Agent signature required when reinstating)

2/22/97
DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	COPE, RICHARD W	
STREET ADDRESS	19353 US HWY 19 NORTH, SUITE 100	
CITY - ST - ZIP	CLEARWATER FL 34624	
TITLE	DVP	<input type="checkbox"/> DELETE
NAME	TOOKE, EDWIN C	
STREET ADDRESS	19353 US HWY 19 NORTH, SUITE 100	
CITY - ST - ZIP	CLEARWATER FL 34624	
TITLE	DP	<input type="checkbox"/> DELETE
NAME	MUELLER, JAMES G	
STREET ADDRESS	7100 W. COMMERCIAL BLVD.	
CITY - ST - ZIP	FT. LAUDERDALE FL 33319	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	STICCO, LEWIS A	
STREET ADDRESS	19353 US HWY 19 NORTH, SUITE 100	
CITY - ST - ZIP	CLEARWATER FL 34624	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	HOWARD, SHARON	
STREET ADDRESS	240 CROWN OAKS CENTRE DRIVE	
CITY - ST - ZIP	ORLANDO FL 32750	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	MCARDLE, DENNIS	
STREET ADDRESS	4100 WEST KENNEDY BLVD. STE 206	
CITY - ST - ZIP	TAMPA FL 33309	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: **Lewis A. Sticco** *L. A. Sticco* **2-27-97**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date (813) 538-5468 Daytime Phone #

CR2E034 (9/96)