

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

FILED

Feb 04 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **M84513** (4)

1. Corporation Name

ACTION TITLE SERVICES, INC.

Principal Place of Business

**3248 COMMERCIAL WAY
SPRINGS HILL FL 34606
US**

Mailing Address

**3248 COMMERCIAL WAY
~~SUITE 110~~
SPRING HILL FL 34606-2613
US**



2. Principal Place of Business

21
Suite, Apt. #, etc.

22. City & State

23
City & State

Zip

24
Country

2a. Mailing Address

26 **3248 Commercial Way**
Suite, Apt. #, etc.

27. City & State

28 **Spring Hill, FL**
City & State

Zip

29 **34606**
Country

30 **US**

3. Date Incorporated or Qualified

06/08/1988

3a. Date of Last Report

03/25/1996

4. FEI Number

59-2892934

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

9. Name and Address of Current Registered Agent

**HUTCHINSON, ROBERT E.
1304 SALEM CT
SPRING HILL FL 34609**

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

TITLE **P** ☐ DELETE
NAME **HUTCHINSON, ROBERT E.**
STREET ADDRESS **1304 SALEM CT.**
CITY-ST-ZIP **SPRING HILL FL**

TITLE **ST** ☐ DELETE
NAME **HUTCHINSON, H. J.**
STREET ADDRESS **1278 ANTILLES LANE**
CITY-ST-ZIP **SPRING HILL FL**

TITLE **V** ☐ DELETE
NAME **HUTCHINSON, BARBARA L.**
STREET ADDRESS **1278 ANTILLES LANE**
CITY-ST-ZIP **SPRING HILL FL**

TITLE **AVP** ☐ DELETE
NAME **ENGLEY, CAROLE**
STREET ADDRESS **8108 OMAHA CIRCLE**
CITY-ST-ZIP **SPRING HILL FL**

TITLE **AST** ☐ DELETE
NAME **HUTCHINSON, CHERYL L.**
STREET ADDRESS **1304 SALEM CT.**
CITY-ST-ZIP **SPRING HILL FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/28/97 352-686-7700

CR2E034 (9/96)