

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

DOCUMENT # M84513

1. Corporation Name

ACTION TITLE SERVICES, INC.

Principal Place of Business

3248 COMMERCIAL WAY
SPRINGS HILL FL 34806
US

Mailing Address

3248 COMMERCIAL WAY
SPRING HILL FL 34806
US

FILED
Mar 02, 1999 8:00 am
Secretary of State

03-02-1999 90144 033 ***158.75



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/08/1988

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 owes the current year Intangible
Personal Property Tax.

Yes

No

2. Principal Place of Business

2a. Mailing Address

21

26

P.O. Box 6668

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

SPRING HILL, FL

23 Zip Country

28 Zip

34611

Country

30 US

24

25

29

30

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)

01/08/99

DATE

12. OFFICERS AND DIRECTORS

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

DELETE

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

DELETE

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

DELETE

TITLE AVP
NAME ENGLE, CAROLE
STREET ADDRESS 9264 MANCHESTER STREET
CITY-ST-ZIP SPRING HILL FL

DELETE

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

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

V
BARBARA L. HUTCHINSON
15001 CENTRAL RD.
BROOKSVILLE, FL 34614

Change

Addition

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

ST
CHERYL L. HUTCHINSON
1304 SALEM COURT
SPRING HILL, FL 34606

Change

Addition

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

Change

Addition

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

Change

Addition

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

Change

Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

Change

Addition

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:

Robert E. Hutchinson

01/08/99 (352) 686-7700

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)