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Jan 14 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 # M85983 (8)

1. Corporation Name

TRI COUNTY TITLE INSURANCE AGENCY, INC.

Principal Place of Business

8660 CP:EGE ELWU  
SUITE 200  
FT. MYERS FL 33901  
US

Mailing Address

8660 COLLEGE PKWY  
200  
FT. MYERS FL 33919-4886  
US

3. Date incorporated or Qualified  
06/17/1988

3a. Date of Last Report  
07/08/1996

2. Principal Place of Business

21 8660 COLLEGE PKWY

Suite, Apt. #, etc.

22 Suite 200

City & State

23 Ft. Myers FL

Zip

24 33919

Country

25 LEE

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

29

Country

30

4. FEI Number

NOT APPLICABLE

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

WEYGANT, DENA E.  
4901 NEAL ROAD  
FT. MYERS FL 33905

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 in printed name required if applicable

(NOTE: Registered Agent signature required when reinstating)

1/3/96  
DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME  
WEYGANT, DENA E.  
STREET ADDRESS  
4901 NEAL ROAD  
CITY-ST-ZIP  
FT. MYERS FL

TITLE ☐ DELETE

NAME  
WEYGANT, DENA E.  
STREET ADDRESS  
4901 NEAL ROAD  
CITY-ST-ZIP  
FT. MYERS FL

TITLE ☐ DELETE

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CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/3/96 941-437-3144  
Date Daytime Phone #

CR2E034 (9/96)