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FILED
Apr 16 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P92000009162 (8)

1. Corporation Name

PHASE I TITLE SERVICES, INC.

Principal Place of Business

Mailing Address

4326 EL PRADO BLVD W
SUITE 9
TAMPA FL 33629
US

PO BOX 273925
TAMPA FL 33688
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/02/1992

4. FEI Number

59-3161690

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 or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business
21 6782 118th Ave. N

2a. Mailing Address

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Largo FL

28 City & State

24 33643

25 Country

USA

29 Zip

30 Country

9. Name and Address of Current Registered Agent

SCOTSON, KELLY H
4003 EL PRADO BLVD W
TAMPA FL 33629

10. Name and Address of New Registered Agent

81 Name Kelly H. Scotson

82 Street Address (P.O. Box Number Not Acceptable)

613 79th Circle

83

84 City ST. Petersburg

FL

85 33707

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 of officer or registered agent (use title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P
NAME SCOTSON, KELLY H
STREET ADDRESS 4003 EL PRADO BLVD W
CITY-ST-ZIP TAMPA FL 33629

TITLE VD
NAME RIGGS, JEFFREY B
STREET ADDRESS 12810 FOREST HILLS DR
CITY-ST-ZIP TAMPA FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P
1.2 NAME Kelly H. Scotson
1.3 STREET ADDRESS 613 79th Circle
1.4 CITY-ST-ZIP ST. Petersburg, FL 33707

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

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

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

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

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

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:

Kelly H. Scotson

4/10/98 8138866580

CR2E034 (10/97)