

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

FILED
May 01 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 # P92000012256 (3)
 1. Corporation Name
NATURE COAST TITLE CO., INC.



Principal Place of Business 916 N SUNCOAST BLVD. CRYSTAL RIVER FL 34429 US	Mailing Address 916 N. SUNCOAST BLVD. CRYSTAL RIVER FL 34429-5472 US
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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
24 Country	29 Country
25	30

3. Date Incorporated or Qualified 01/01/1993	3a. Date of Last Report 05/01/1996
4. FEI Number 59-3154585	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

ROBITAILLE, SYLVAIN R.
916 N. SUNCOAST BLVD.
CRYSTAL RIVER FL 34429

10. Name and Address of New Registered Agent

81 Name
SCOTT G. LYONS

82 Street Address (P.O. Box Number is Not Acceptable)
1540 N. OTTAWA AVENUE

83

84 City
LECANTO

85 Zip Code
FL 34461

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, 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]* **Scott G. Lyons**
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	VPS-	<input checked="" type="checkbox"/> DELETE
NAME	ROBITAILLE, SYLVAIN R.	
STREET ADDRESS	5101 S. BLOSSOM DR.	
CITY-ST-ZIP	FLORAL CITY FL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	LYONS, SCOTT G	
STREET ADDRESS	1055 N LYLE AVE	
CITY-ST-ZIP	CRYSTAL RIVER FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

18. 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	P/T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	1540 N. OTTAWA AVENUE
2.4 CITY-ST-ZIP	LECANTO, FL 34461
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	BUTA, BRENDA L.
3.3 STREET ADDRESS	3890 S. CEDAR TERR
3.4 CITY-ST-ZIP	HOMOSASSA, FL 34448
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	LYONS, SHERYL A.
4.3 STREET ADDRESS	1540 N. OTTAWA AVENUE
4.4 CITY-ST-ZIP	LECANTO, FL 34461
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 18 or on an attachment with an address.

SIGNATURE: *[Signature]* **Scott G. Lyons** **352-563-2727**

CR2E034 (9/96)