

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Matham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAY -1 PM 2:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

800001503998
-06/02/95--01004--004
****200.00 ****200.00

DOCUMENT # *P92000012492*

1. Corporation Name

PINELLAS COUNTY ABSTRACT & TITLE, INC.

Principal Place of Business

1265 SOUTH MYRTLE AVENUE
CLEARWATER, FL 34616

Mailing Address

1265 SOUTH MYRTLE AVENUE
CLEARWATER, FL 34616

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified

12/12/1992

3a. Date of Last Report

2. Principal Place of Business

21

2a. Mailing Address

26

4. FEI Number

59-3181302

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

City & State

City & State

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

22

27

7. This corporation has liability for intangible tax under s. 199 (32,
Florida Statutes. ☐ Yes ☐ No

23

28

24

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HOWARD P. RIVES, III
RIVES & RIVES, P.A.
1265 SOUTH MYRTLE AVENUE
CLEARWATER, FL 34616

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 607.0102 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 Agent or Registered Agent)

(Signature of Registered Agent or Agent in Charge)

Date

12.

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

DIRECTOR
HOWARD P. RIVES, III
1265 SOUTH MYRTLE AVENUE
CLEARWATER, FL 34616

14 TITLE
15 NAME
16 STREET ADDRESS
17 CITY, ST, ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY, ST, ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY, ST, ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY, ST, ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY, ST, ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY, ST, ZIP

☐ Change ☐ Addition

REMITTED BY MAY 1

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.071(b), Florida Statutes. I further certify that the information submitted 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 registered or business agent empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13. I am authorized to execute this report on behalf of the corporation.

SIGNATURE:

(Signature and Typed or Printed Name of Signing Officer or Director)

5/5/95

Register #1100-8