7-29-97 B-8051 NC FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000037743 (0)

PENINSULA STATE TITLE, INC.

FILED								
Jul 29	1997	8:00am						
Secre	etary	of State						

|--|

Principal Place of Business Mailing Address				T 10011004 150 ERIED SISES ODNIK BONK BRIGG ORINK NOON INDAK DODAK DINDA SINI IDDA				
1861 PLACIDA I SUITE 204	RD.	1961 PLACIDA RD. SUITE 204						
ENGLEWOOD F	L 34223	ENGLEWOOD FL 34223-4	949					
U\$		U\$	U\$		3. Date Incorporated or Qualified		Report	
2. Principal P	lac e of Business	2a. Mailing Address			4. FEI Number	A	Applied For	
21 26					65-0413948		Not Applicable	
_ ` `	Sulte, Apt. #, etc. Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75 Additional Fee Required		
22 Chu & Chat		City & State						
		28	y & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
Zip	Country	Zip	Coun	try				
25 29		— ·	30		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No			
	9, Name and Address of Curren	t Registered Agent			10. Name and Address of New Re	gistered Agent		
BATS	SEL, C. GUY		1	Name				
	PLACIDA ROAD		1 6	Street Add	dress (P.O. Box Number is Not Acceptab	ole)		
	E 204		 .					
ENG	LEW/00D FL 34223		6	33				
)		1	4 City		85 Zip	Code	
		A					 	
office or r	egistered agent, or both, in the State	of Florida. Such change was	s authorized	by the corpor-	orporation submits this statement for the pration's board of directors. I hereby accep	urpose of changing at the appointment a	its registered s registered	
agent. I a	m familiar with, and accept the obliga	ations of, Section 607.0505, F	Florida Statu	tes.	,	, ,	J	
SIGNATURE	Signature, typed or printed name of registered age		200 0			DATE		
12.	OFFICERS AND		13.	Agent signature req	outred when reinstatung) ADDITIONS/CHANGES TO OFFIC		RS IN 12	
TITLE	DPT	DELETE	1.1 TITL	ŧ T	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	☐ Change		
NAME	BATSEL, C. GUY		1.2 NAM	te .	,			
STREET ADDRESS	1881 PLACIDA ROAD #204		1.3 STR	EET ADDRESS				
CITY-ST-ZIP	ENGLEWOOD FL		1,4 CITY	- \$T-ZIP				
TITLE	DVP	DELETE	2.1 TITL			☐ Change	Addition	
NAME	MCKINLEY, MICHAEL R		2.2 NAN	1E				
STREET ADDRESS	18101 MURDOCK CIRCLE		2.3 STR	EET ADDRESS				
CITY-ST-ZIP	PT. CHARLOTTE FL		2. 4 CIT	Y-ST-ZIP				
TITLE	DVP	DELETE	3.1 TITL	E		☐ Change	Addition	
NAME	ITTERSAGEN, SCOTT D	-	3.2 NAM	NΕ				
STREET ADDRESS	1881 PLACIDA ROAD #204		3.3 STR	EET ADDRESS				
CITY-ST-ZIP	ENGLEWOOD FL		3.4 CIT	Y-S1-ZIP		····		
TITLE	S	☐ DELET E	4.1 TITL		•	Change	Addition	
NAME	GUNDERSON, MIKO P		4. 2 NA					
STREET ADDRESS	1861 PLACIDA ROAD #204			EET ADDRESS				
CITY-ST-ZIP	ENGLEWOOD FL	- On ere		'-ST-ZIP		FT AL.	4 2200	
TITLE		☐ DELETE	5.1 TITE			☐ Change	☐ Addition	
NAME	i		5.2 NAN					
STREET ADDRESS				EET ADDRESS				
CITY-ST-ZIP		DELETE		-\$T-ZIP		Change	Addition	
TITLE		L. J DECER	6.1 TITL			□ ciatiĝs	III MODILION	
NAME	į		6.2 NAN					
STREET ADDRESS	i I			EET ADDRESS				
CITY-ST-ZIP	by cartify that the information supplies	d with this filing dose not our		'-ST-ZIP vemption state	ed in Section 119.07(3)(i), Florida Statute	s. I further certify the	t the	
informatio	on indicated on this annual report or s	upplemental annual report is	true and ac	curate and th	ed in dection 113.07(o)(i), Honda diants. eat my signature shall have the same lega eort as required by Chapter 607, Florida S	l effect as if made u	nder oath; tha	
ı am an ol appears l	micer of director of the corporation of In Block 12 of Block 13 if changed, of	on an assement with an ar	owered 10 ex # 1ress.	ecute this rep	ori as required by Unapter 607, Florida S	natures; and that my	name)	
l am an oi appears l	fficer or director of the corporation or in Block 12 or Block 13 if changed, of	the receiver or trustee empo	wered to ex diress.	ecute this rep	ort as required by Chapter 607, Florida S	itatutes; and that my	pame	