


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

FILED
Apr 30 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # **P93000037743 (0)**

1. Corporation Name

PENINSULA STATE TITLE, INC.

Principal Place of Business

Mailing Address

**1861 PLACIDA RD.
SUITE 204
ENGLEWOOD FL 34223
US**

**1861 PLACIDA RD.
SUITE 204
ENGLEWOOD FL 34223
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/26/1993

4. FEI Number

65-0413948

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	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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BATSEL, C. GUY
1861 PLACIDA ROAD
SUITE 204
ENGLEWOOD FL 34223**

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 or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPT	1.1 TITLE	DVP
NAME	BATSEL, C. GUY	1.2 NAME	LANGLEY, MARCIA H.
STREET ADDRESS	1861 PLACIDA ROAD #204	1.3 STREET ADDRESS	3443 NE 166th Street
CITY-ST-ZIP	ENGLEWOOD FL	1.4 CITY-ST-ZIP	N. MIAMI BEACH, FL 33160
TITLE	DVP	2.1 TITLE	
NAME	MCKINLEY, MICHAEL R	2.2 NAME	
STREET ADDRESS	18401 MURDOCK CIRCLE	2.3 STREET ADDRESS	
CITY-ST-ZIP	PT. CHARLOTTE FL	2.4 CITY-ST-ZIP	
TITLE	DVP	3.1 TITLE	
NAME	ITTERSAGEN, SCOTT D	3.2 NAME	
STREET ADDRESS	1861 PLACIDA ROAD #204	3.3 STREET ADDRESS	
CITY-ST-ZIP	ENGLEWOOD FL	3.4 CITY-ST-ZIP	
TITLE	S	4.1 TITLE	
NAME	GUNDERSON, MIKO P	4.2 NAME	
STREET ADDRESS	1861 PLACIDA ROAD #204	4.3 STREET ADDRESS	
CITY-ST-ZIP	ENGLEWOOD FL	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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:

C. Guy Batzel **C. GUY BATSEL** **4/22/98** **94147477B**

CR2E034 (1097)