

MAY 1ST IS \$550.00

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

Jan 22, 1999 8:00am
Secretary of State

01-22-1999 90012 005 ***150.00

DOCUMENT # P93000056451

1. Corporation Name

STEWART APPROVED TITLE, INC.

Principal Place of Business

917 EMMETT STREET
KISSIMMEE FL 34741
US

Mailing Address

917 EMMETT STREET
KISSIMMEE FL 34741
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/11/1993

4. FEI Number

59-3196261

Applied For

Not Applicable

5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution ☐\$5.00 May Be
Added to Fees8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip Country

29

30

9. Name and Address of Current Registered Agent

HICKMAN, HAROLD E
3401 W. CYPRESS STREET
TAMPA FL 33607

10. Name and Address of New Registered Agent

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

TITLE	DP	<input type="checkbox"/> DELETE
NAME	SHEIVE, REBECCA	
STREET ADDRESS	917 EMMETT ST.	
CITY-ST-ZIP	KISSIMMEE FL	

TITLE	D	<input type="checkbox"/> DELETE
NAME	HICKMAN, HAROLD E	
STREET ADDRESS	3401 W. CYPRESS ST.	
CITY-ST-ZIP	TAMPA FL	

TITLE	D	<input type="checkbox"/> DELETE
NAME	HICKMAN, JIMMY	
STREET ADDRESS	3401 W CYPRESS ST.	
CITY-ST-ZIP	TAMPA FL	

TITLE	VP	<input type="checkbox"/> DELETE
NAME	SHOWEN, LANA	
STREET ADDRESS	917 EMMETT ST	
CITY-ST-ZIP	KISSIMMEE FL	

TITLE	VP	<input type="checkbox"/> DELETE
NAME	WOESTE, RAYELYNNE	
STREET ADDRESS	1321 13TH STREET	
CITY-ST-ZIP	ST. CLOUD FL	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	

3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	

4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	

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 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, with all other like empowered.

SIGNATURE:

REBECCA S. HEIVE

Date

1-5-98

Daytime Phone #

407-846-7477

CR2E034 (1/1/98)