PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9400006792

1. Corporation Name

MERIT TITLE, INC.

Principal Place of Business Mailing Address 8201 YARDLEY AVE N 1700 66TH STREET N ST PETERSBURG FL 33710 DO NOT WRITE IN THIS SPACE ST. PETERSBURG FL 33710 3. Date Incorporated or Qualifed 01/19/1994 4. FEI Number Applied For 2a. Mailing Address 2. Principal Place of Business 59-3221111 Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required SUITE 27 22 City & State \$5.00 May Be City & State 6. Election Campaign Financing Added to Fees Trust Fund Contribution 28 23 Country 8. This corporation owes the current year Intangible Zip Country Zip □No Personal Property Tax. 30 25 29 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 HOLLAND, A. WAYNE Street Address (P.O. Box Number is Not Acceptable) 1700 66TH STREET NORTH SUITE 203 SUITE ST. PETERSBURG FL 33710 Zip Code 84 85 City 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 Forida. 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 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13 12. ☐ Addition ☐ DELETE 1.1 TITLE ☐ Change TITLE HOLLAND, A. WAYNE 1.2 NAME NAME 8201 YARDLEY AVENUE 1.3 STREET ADDRESS STREET ADDRESS ST PETERSBURG FL 33710 1.4 CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change TITLE □ DELETE 2.1 TITLE HOLLAND, A KRISTEN 22 NAME NAME 8201 YARDLEY AVE N 2.3 STREET ADDRESS STREET ADDRESS ST PETESBURG FL 33710 2. 4 CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change DELETE 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ DELETE 4.1 TITLE TITLE 4. 2 NAME NAME

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

4.3 STREET ADORESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CETY+ST-71P

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

6.1 TITLE

62 NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

NAME

☐ DELETE

□ DELETE

FILED

Apr 06, 1999 8:00 am Secretary of State

04-06-1999 90094 030 ***150.00

☐ Change

☐ Change

Addition

CR2E034 (11/98