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Mar 10, 1999 8:00 am
Secretary of State

03-10-1999 90274 045 ***150.00

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PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000021077

1. Corporation Name
REGENCY TITLE GROUP, INC.

Principal Place of Business
**255 S ORANGE AVE
SUITE 1466
ORLANDO FL 32801**

Mailing Address
**255 S ORANGE AVE
SUITE 1466
ORLANDO FL 32801**



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/17/1994

4. FEI Number

59-3237772

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business
21 **37 N. Orange Ave**

2a. Mailing Address

26 **37 N. Orange Ave**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **Ste. 210**

27 **Ste 210**

City & State

City & State

23 **Orlando FL**

28 **Orlando, FL**

Zip

Zip

24 **32801**

Country

Country

25 **USA**

29 **32801** 30 **USA**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GASDICK, MICHAEL J
255 S ORANGE AVE
SUITE 1466
ORLANDO FL 32801**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

37 N. Orange Ave

83 **Ste. 210**

84 City **Orlando**

FL

85 Zip Code

32801

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 **D** ☐ DELETE
NAME **STANTON, A J III**
STREET ADDRESS **255 S ORANGE AVE SUITE 1466**
CITY-ST-ZIP **ORLANDO FL**

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS **37 N. Orange Ave Ste-210**
1.4 CITY-ST-ZIP **Orlando, FL 32801**

TITLE **D** ☐ DELETE
NAME **GASDICK, MICHAEL J**
STREET ADDRESS **255 S ORANGE AVE SUITE 1466**
CITY-ST-ZIP **ORLANDO FL 32801**

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS **37 N. Orange Ave Ste 210**
2.4 CITY-ST-ZIP **Orlando, FL 32801**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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:

Michael J Gasdick, President 3/5/99 407-423-5203

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)