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Mar 19 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 # P94000050456 (0)

1. Corporation Name

AMERICAN NATIONAL TITLE SERVICES, INC.

Principal Place of Business

2000 West Bay Drive
Suite 6
Largo, FL 33770

Mailing Address

2240 Belleair Road
Suite 160
Clearwater, FL 33764

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/05/1994

4. FEI Number

59-3252988

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

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

10. Name and Address of New Registered Agent

PATEL, SANDIP I
18187 US HWY 19 NORTH
SUITE 150
CLEARWATER FL 34624

81 Name

SANDIP I. PATEL

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

2240 BELLEAIR ROAD

83

SUITE 160

84 City

CLEARWATER

FL

85 Zip Code

33764

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

Sandip I. Patel, Esq.

3/3/98

Signature, typed or printed name of registered agent and title, applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME D
STREET ADDRESS PATEL, SANDIP I
CITY-ST-ZIP 18187 US HWY 19 NORTH
CLEARWATER FL 34624

TITLE ☐ DELETE

NAME D
STREET ADDRESS O'CONNER, PATRICK M
CITY-ST-ZIP 18187 US HWY 19 NORTH
CLEARWATER FL 34624

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME D, VP
1.3 STREET ADDRESS SANDIP I. PATEL
1.4 CITY-ST-ZIP 2240 BELLEAIR ROAD, SUITE 160
CLEARWATER, FL 33764

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME D, P
2.3 STREET ADDRESS PATRICK M. O'CONNER
2.4 CITY-ST-ZIP 2240 BELLEAIR ROAD, SUITE 160
CLEARWATER, FL 33764

3.1 TITLE ☐ Change ☒ Addition

3.2 NAME D, S
3.3 STREET ADDRESS STEVEN W. MOORE
3.4 CITY-ST-ZIP 2240 BELLEAIR ROAD, SUITE 160
CLEARWATER, FL 33764

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

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.

SIGNATURE

Sandip I. Patel

DIRECTOR

3/3/98

812-939-6592

CP2E034 (10/97)