Feb 19, 1999 8:00 am Secretary of State

02-19-1999 90059 043 \*\*\*150.00

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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS** 

## 1999 DOCUMENT # P9400050456

1. Corporation Name

AMERICAN NATIONAL TITLE SERVICES, INC.						4 (44)(44) 164 (45)( 46)( 46)( 46)( 46)( 46)( 46)( 46)( 46	#(#{ #())( ##(() #( <b>#</b> #)	A114 A111 1861
Principal Place	e of Business	Mailing Address					VIOL DIȘII 88III DIDBI	
2000 WEST BAY DR 2240 BELLEAIR RD								
STE 6 160 LARGO FL 33770 CLEARWATER FL 33764					DO NOT WRITE IN THIS SPACE			
US US					3. Date Incorporated or Qualifed			
						07/05/1994		
2. Principal P	face of Business	2a. Mailing Address	a. Mailing Address			4. FEI Number	Ap	plied For
21		26				59-3252988	No	t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certifcate of Status Desired	\$8.75	
22		27					Fee Re	
City & State	e	City & State				6. Election Campaign Financing	\$5.00	
23 Zin	Country	28 7in	Cou	oto.		Trust Fund Contribution	Added t	to Fees
Zip		Zip	30			This corporation owes the current year     Personal Property Tax.	r Intangible	□No
24	25 25 Current	29 Registered Agent	30			10. Name and Address of New Register		
Name and Address of Current Registered Agent				81	Name	10. Hallo dito Figures of Hear traggets	<u></u>	
PATE	EL, SANDIP I						·	
2240 BELLEAIR RD			82	Street Ad	dress (P.O. Box Number is Not Acceptable)			
STE 160			83					
CLEARWATER FL 33764					and the second s			
			84	City	F	<b>- L</b>   85   Zip (	_ode	
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statu	ites, the al	bove	-named co	rporation 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			Agen	t signature requi	ired when reinstating) DATE		
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFFICERS		
TITLE	• • •		1,1 TD				Change	Addition )
NAME	***************************************		1.2 NA					
STREET ADDRESS	CLEARWATER EL GAGGA				ADDRESS	,		
CITY-ST-ZIP TITLE	CLEARWATER FL 34624 140 DP DELETE 21T		TY-SI	T-ZîP		☐ Change	Addition	
NAME	O'CONNER, PATRICK M	_ OCCUPIE	2.2 NA					
STREET ADDRESS	2240 BELLEAIR RD STE 100				ADDRESS			
CITY-ST-ZIP	CLEARWATER FL 33764				T-ZIP			
TITLE	DS	☐ DELETE	3.1 TII				Change	Addition
NAME	MOORE, STEVEN W	3.2 N		ME		•		
STREET ADDRESS	2240 BELLEAIR RD STE 160	, - :		REET	ADDRESS			
CITY-ST-ZIP	0.545000555		ITY-S	T-ZIP		•		
TITLE		☐ DELETE	4.1 Tf	ri.E			☐ Change	Addition
NAME			4. 2 N	AME				
STREET ADDRESS			4.3 ST	REET	TADDRESS			
CITY-ST-ZIP			4.4 CI		T-ZIP			
TITLE		☐ DELETE	5.1 711				. Change	☐ Addition
NAME			5.2 NA	ΜE	1		•	

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 changes, or on an attachment with an address, with all other like empowered.

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

☐ DELETE

Change

☐ Addition