

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

FILED  
May 04, 1999 8:00 am  
Secretary of State

05-04-1999 90211 035 \*\*\*158.75

DOCUMENT # P94000069550

1. Corporation Name

HARBOR TITLE & ESCROW COMPANY

Principal Place of Business

2095 GRAND HARBOR BLVD.  
VERO BEACH FL 32967  
US

Mailing Address

2095 GRAND HARBOR BLVD.  
VERO BEACH FL 32967  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/21/1994

4. FEI Number

65-0520998

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 the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 3755 7th Terrace  
Suite, Apt. #, etc.

22 Suite 301

City & State

23 Vero Beach Fl

Zip Country

24 32960 25 US

2a. Mailing Address

26 3755 7th Terrace,  
Suite, Apt. #, etc.

27 Suite 301

City & State

28 Vero Beach Fl

Zip Country

29 32960 30 US

9. Name and Address of Current Registered Agent

HENN, PETER J  
2095 GRAND HARBOR BLVD.  
VERO BEACH FL 32967

10. Name and Address of New Registered Agent

81 Name

Henn, Peter J.

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

3755 7th Terrace

83

Suite 301

84 City

Vero Beach

FL

85 Zip Code

32960

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 ☐ DELETE

TITLE PSD  
NAME HENN, PETER J.  
STREET ADDRESS 2095 GRAND HARBOR BLVD.  
CITY-ST-ZIP VERO BCH FL

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

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

1.3 STREET ADDRESS 3755 7th Terrace, Suite 301

1.4 CITY-ST-ZIP Vero Beach, Fl 32960

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)

0121533