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FILED

Feb 06 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 # P94000071375 (7)

1. Corporation Name

GIBALTAR TITLE SERVICES, INC.

Principal Place of Business

4190 BELFORT RD
STE 350
JACKSONVILLE FL 32216
US

Mailing Address

4190 BELFORT RD
STE 350
JACKSONVILLE FL 32216
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/28/1994

4. FEI Number

59-3270216

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

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

9. Name and Address of Current Registered Agent

HUGHES, J MICHAEL
4190 BELFORT RD
STE 350
JACKSONVILLE FL 32216

81 Name

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

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

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 fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME HUGHES, J MICHAEL
STREET ADDRESS 4655 SALISBURY RD. STE. 350
CITY-ST-ZIP JACKSONVILLE FL 32256

TITLE VPSD ☐ DELETE

NAME MCGRIFF, W.A. III
STREET ADDRESS 7785 BAYMEADOWS WAY, STE. 308
CITY-ST-ZIP JACKSONVILLE FL 32256

TITLE VPTD ☐ DELETE

NAME BOWER, E. BRUCE
STREET ADDRESS 225 WATER STREET, STE. 860
CITY-ST-ZIP JACKSONVILLE FL 32202

TITLE D ☐ DELETE

NAME PETWAY, THOMAS F III
STREET ADDRESS 2727 ATLANTIC BLVD.
CITY-ST-ZIP JACKSONVILLE FL 32207

TITLE D ☐ DELETE

NAME SHERRER, LINDA H
STREET ADDRESS 4190 BELFORT RD., STE. 475
CITY-ST-ZIP JACKSONVILLE FL 32216

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

1.4 CITY-ST-ZIP

4190 BELFORT RD. STE. 350
JACKSONVILLE, FL 32216

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

4190 BELFORT RD. STE. 475
JACKSONVILLE, FL 32216

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4190 BELFORT RD. STE. 350
JACKSONVILLE, FL 32216

4.1 TITLE

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 any addition block with an address.

SIGNATURE:

J. MICHAEL HUGHES

1/30/98 909-296-3100

CR2E034 (10/97)