

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Oct 07 1998 8:00am
Secretary of State

DOCUMENT # P95000010656 (3)

1. Corporation Name

AFFILIATES TITLE SERVICES, INC.

Principal Place of Business

9408 SEMINOLE BLVD.
SEMINOLE FL 34642

Mailing Address

9408 SEMINOLE BLVD.
SEMINOLE FL 34642

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/08/1995

4. FEI Number

59-3310120

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 7800 113TH Street N.

Suite, Apt. #, etc.

22 SUITE 207

City & State

23 SEMINOLE, FL

Zip

24 33772

Country

25 USA

2a. Mailing Address

26 7800 113TH Street N.

Suite, Apt. #, etc.

27 SUITE 207

City & State

28 SEMINOLE, FL

Zip

29 33772

Country

30 USA

9. Name and Address of Current Registered Agent

ANDERSON, DAVID R
9408 SEMINOLE BLVD.
SEMINOLE FL 34642

10. Name and Address of New Registered Agent

81 Name

MICHAEL A. MURPHY

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

7800 113TH STREET N.

83

SUITE 207

84

SEMINOLE

FL

85 Zip Code

33772

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 MICHAEL A. MURPHY

9/29/98

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE VSTD ☒ DELETE

NAME ANDERSON, DAVID R
STREET ADDRESS 110 POINCIANA LANE
CITY-ST-ZIP LARGO 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 PRESIDENT/TREASURER/DIRECTOR ☒ Change ☐ Addition

1.2 NAME ANDERSON, DAVID R.
1.3 STREET ADDRESS 110 POINCIANA LANE
1.4 CITY-ST-ZIP LARGO, FL

2.1 TITLE VICE PRESIDENT/SECRETARY ☒ Change ☒ Addition

2.2 NAME MURPHY, MICHAEL A.
2.3 STREET ADDRESS 11432 69TH AVENUE N.
2.4 CITY-ST-ZIP SEMINOLE, FL 33772

3.1 TITLE CHAIRMAN ☒ Change ☐ Addition

3.2 NAME ANDERSON, DAVID R.
3.3 STREET ADDRESS 110 POINCIANA LANE
3.4 CITY-ST-ZIP LARGO, FL

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.

SIGNATURE: MICHAEL A. MURPHY 9/29/98 813.397.9301

CR2E034 (5/98)