

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
Mar 24, 1999 8:00 am
Secretary of State

03-24-1999 90031 033 ***150.00

DOCUMENT # P95000052856

1. Corporation Name
LIBERTY TITLE AGENCY, INC.

Principal Place of Business
4821 U.S. HIGHWAY 19
SUITE 3
NEW PORT RICHEY FL 34652
US

Mailing Address
4821 U.S. HIGHWAY 19
SUITE 3
NEW PORT RICHEY FL 34652
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
07/07/1995

4. FEI Number
59-3332336

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 4821 U.S. 19

Suite, Apt. #, etc.

22 SUITE 2

City & State

23 New Port Richey, FL

Zip Country

24 34652 25 U.S.

2a. Mailing Address

26 4821 U.S. 19

Suite, Apt. #, etc.

27 SUITE 2

City & State

28 New Port Richey, FL

Zip Country

29 34652 30 U.S.

9. Name and Address of Current Registered Agent

KALOGIANIS, CONSTANTINE
4821 U.S. HIGHWAY 19, SUITE 3
NEW PORT RICHEY FL 34652

10. Name and Address of New Registered Agent

81 Name KALOGIANIS, CONSTANTINE

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

83 4821 U.S. 19, SUITE 2

84

City New Port Richey FL 85 Zip Code 34652

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)

1-5-99

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

NAME KALOGIANIS, CONSTANTINE

STREET ADDRESS 4821 U.S. 19, SUITE 3

CITY-ST-ZIP NEW PORT RICHEY FL 34652

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 ☒ Change ☐ Addition

1.2 NAME KALOGIANIS, CONSTANTINE

1.3 STREET ADDRESS 4821 U.S. 19, SUITE 2

1.4 CITY-ST-ZIP NEW PORT RICHEY, FL 34652

2.1 TITLE SECRETARY ☐ Change ☒ Addition

2.2 NAME KALOGIANIS, KATHY

2.3 STREET ADDRESS 4821 U.S. 19, SUITE 2

2.4 CITY-ST-ZIP NEW PORT RICHEY, FL 34652

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-4-99 (813) 817-0950

CR2E034 (1/98)