

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

001906

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



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

**FILED**  
**Mar 01, 1999 8:00 am**  
**Secretary of State**

03-01-1999 90149 020 \*\*\*150.00

**DOCUMENT # P95000060878**

1. Corporation Name

**OLDE TOWNE TITLE COMPANY**

Principal Place of Business

**1627 S 8 ST  
B  
FERNANDINA BEACH FL 32035  
US**

Mailing Address

**PO BOX 1351  
FERNANDINA BEACH FL 32035  
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**08/08/1995**

4. FEI Number

**59-3328966**

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 North 3rd Street**

Suite, Apt. #, etc.

**22**

City & State

**Fernandina Beach Florida**

Zip Country

**24 32034**

**25 USA**

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9. Name and Address of Current Registered Agent

**FOSTER, PAMELA L  
1627 S 8 ST  
FERNANDINA BEACH FL 32035**

10. Name and Address of New Registered Agent

**81 Name Pamela L. Foster  
82 Street Address (P.O. Box Number is Not Acceptable)  
21 North 3rd Street  
83  
84 City Fernandina Beach Florida FL 85 Zip Code 32034**

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

**1-21-99**

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
PD	FOSTER, PAMELA L.	1627 S 8TH ST STE B	FERNANDINA BEACH FL 32034	<input type="checkbox"/>
S	PEASE, MICHELLE	1627 S 8TH ST STE B	FERNANDINA BEACH FL 32034	<input type="checkbox"/>
				<input type="checkbox"/>
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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
President	Pamela L. Foster	21 North 3rd Street	Fernandina Beach, Florida 32034	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Secretary/Vice President	Michelle Pease	21 North 3rd Street	Fernandina Beach, Florida 32034	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
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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 #

**1/21/99**

CR2E034 (11/98)