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FILED
Apr 17 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000000518 (6)

1. Corporation Name
CONTACT TO CLOSING, INC.



Principal Place of Business

1133 FOURTH STREET
SUITE 200
SARASOTA FL 34236
US

Mailing Address

1133 FOURTH STREET
SUITE 200
SARASOTA FL 34236-4858
US

2. Principal Place of Business

21 962 S. TAMiami Trl. 301

Suite, Apt. #, etc.

22 SARASOTA, FL 34236

City & State

23 34236

Zip

Country

24 U.S.A

2a. Mailing Address

26 SAME

Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29 30

3. Date Incorporated or Qualified
12/26/1995

3a. Date of Last Report
04/22/1996

4. FEI Number

65-0629785

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 has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CAIL, THOMAS W III
2020 CRAFT LANE
~~SUITE 303~~
SARASOTA FL 34239

81 Name

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

83

84 City

FL

85 Zip Code

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 (applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME D
CAIL, THOMAS W III
STREET ADDRESS 2020 CRAFT LANE
CITY-ST-ZIP SARASOTA FL 34239

TITLE ☒ DELETE

NAME D
DEAR, RICHARD
STREET ADDRESS 110 BEACH ROAD
CITY-ST-ZIP SARASOTA FL

TITLE ☐ DELETE

NAME D
DOTSON, R. SCOTT
STREET ADDRESS 118 INDIAN PLACE #18
CITY-ST-ZIP SARASOTA FL 34236

TITLE ☐ DELETE

NAME D
MARSHALL, BRIAN R
STREET ADDRESS 3250 OLD OAK DRIVE
CITY-ST-ZIP SARASOTA FL 34239

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

1.4 CITY-ST-ZIP

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 do 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

BRIAN R. MARSHALL

4-4-97

4-4-97

4-4-97

CR2E034 (9/96)