

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

053202

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Mar 16, 1999 8:00 am
Secretary of State

03-16-1999 90082 008 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000013210

1. Corporation Name

EXPRESS TITLE FINANCIAL CORPORATION



Principal Place of Business

**124 EAST NINE MILE RD.
PENSACOLA FL 32534**

Mailing Address

**5499 PENSACOLA BLVD
PENSACOLA FL 32505
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/08/1996

4. FEI Number

59-3358955

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 4709 MOBILE HIGHWAY

Suite, Apt. #, etc.

22

City & State
23 PENSACOLA, FL

Zip Country

24 32506

25

2a. Mailing Address

26 4709 MOBILE HIGHWAY

Suite, Apt. #, etc.

27

City & State
28 PENSACOLA, FL

Zip Country

29 32506

30

9. Name and Address of Current Registered Agent

**POPE, RAY P
4400 BAYOU BLVD.
STE 54B
PENSACOLA FL 32503**

10. Name and Address of New Registered Agent

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 if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BOVERT, CHRISTOPHER P	
STREET ADDRESS	8120 FORDHAM DR.	
CITY-ST-ZIP	PENSACOLA FL 32514	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	DIRECTOR / P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	WILLIAM KLOSS	
13 STREET ADDRESS	4709 MOBILE HIGHWAY	
14 CITY-ST-ZIP	PENSACOLA, FL 32506	

21 TITLE	V/T/S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	THOMAS M. ARMSTRONG	
23 STREET ADDRESS	8160 BRIESE LANE	
24 CITY-ST-ZIP	PENSACOLA, FL 32514	

31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		

41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		

51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		

61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 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: *Thomas M. Armstrong* **THOMAS M. ARMSTRONG** 3/4/99 (850) 455-0623

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)