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

**PROFIT** CORPORATION " **ANNUAL REPORT** 



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998

**DOCUMENT** #

P96000030988 (5)

GRAND TITLE SEARCH AND ABSTRACT SERVICES, INC.

Principal Place of Business

officer or director of the corporation Block 12 or Block 13 if changed.

Mailing Address

## FILED May 18 1998 8:00am Secretary of State



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5525 PALMETTO ST. 5525 PALMETTO ST. FT. MYERS BEACH FL 33931 FT. MYERS BEACH FL 33931 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 04/09/1996 2. Principal Place of Business 2a. Mailing Address Applied For 8280 College PLWY BDBO COLEGE PKWY 65-0666136 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 8. This corporation owes or has paid the current year Intangible EE Personal Property Tax due June 30. Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name SHENKO, WILLIAM E JR 2801 ESTERO BLVD. 82 Street Address (P.O. Box Number is Not Acceptable) SUITE C 83 FORT MYERS BEACH FL 33931 City 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) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE TITLE 1.1 TITLE Change \_\_\_ Addition NAME **GRIMES, LORI D** 1.2 NAME 5525 PALMETTO ST. STREET ADDRESS 1.3 STREET ADDRESS FT. MYERS BEACH FL 33931 CITY-ST-ZIP 1.4 CITY - S1 - ZIP TITLE DELETE 2.1 TITLE Change Addition NAME **ANDERSON, ANDY S** 2.2 NAME STREET ADDRESS 5525 PALMETTO ST. 2.3 STREET ADDRESS CITY-ST-ZIP FT. MYERS BEACH FL 33931 2. 4 City-St-ZiP TITLE DELETE 3.1 TITLE Change \_\_\_ Addition 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP TITLE DELETE 4.1 TITLE Change Addition NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP TITLE DELETE 51 TITLE Change Addition NAME 52 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP TITLE DELETE 6.1 TITLE Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP died with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information demontal 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 the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in specific many with the address. 14. I hereby certify that the information sindicated on this annual report or sy