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Apr 11 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 # P96000056338 (2)

1. Corporation Name

INTEGRITY TITLE & RESEARCH SERVICES, INC.

Principal Place of Business

820 C EAST NEW YORK AVE
DELAND FL 32724

Mailing Address

820 C EAST NEW YORK AVE
DELAND FL 32724-6064



3. Date Incorporated or Qualified

07/03/1996

3a. Date of Last Report

2. Principal Place of Business

21 505 East New York Ave

2a. Mailing Address

26 505 East New York Ave

4. FEI Number

59-3390259

Applied For

Not Applicable

22 Suite 1

27 Suite 1

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

23 Deland, Florida

28 Deland, Florida

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

24 32724

25 USA

29 32724

30 USA

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

SACCO, JOHN A
820 C EAST NEW YORK AVE
DELAND FL 32724

505 East New York Ave
Suite 1

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

(Address change only)

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

John A. Sacco

John A. Sacco

PRESIDENT

4/2/97

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 PRESIDENT/OWNER ☐ DELETE

NAME John A. Sacco
STREET ADDRESS 2466 Old Samsun Rd.
CITY-ST-ZIP Daytona Beach, FL 32124

TITLE Vice Pres. / Treasurer / Sec / Owner ☐ DELETE

NAME Linda Leigh Sacco
STREET ADDRESS 2466 Old Samsun Rd.
CITY-ST-ZIP Daytona Beach, FL 32124

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 ☐ 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:

Linda Leigh Sacco

Linda Leigh Sacco

4/2/97

904-736-5675

Signature and typed or printed name of signing officer or director

Date Daytime Phone #

CR2E034 (9/96)