## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

. PROFIT CORPORATION **ANNUAL REPORT** 

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000099002 (3)

**ACCU-TITLE CORPORATION** 

FILED 97 OCT -3 PM 1: 59 SECRETARY OF STATE TALLAHASSEE, FLORIDA



| Principal Place of Business Mailing Address   |  |   |                                     |                |              | F 48 011007 310 (0)10 0 111 0011 0011 0011  | 80113 10115 101 |                |              |
|---|--|---|-------------------------------------|----------------|--------------|---|-----------------|----------------|--------------|
| 3100 GETH STR<br>ST. PETERSBU   |  | 3100 68TH STREET NORTH<br>ST. PETERSBURG FL 33710 |                                     |                |              | DO NOT WRITE IN THIS SPACE  |                 |                |              |
|   |  |   |                                     |                |              | 3. Date Incorporated or Qualified   | 3a. Date        | of Last Re     | eport        |
| 9 Dringingt Di  | ace of Business                          | 2a. Mailing Address                               |                                     |                |              | 12/09/1996<br>4. FEI Number   |                 | TIAn           | plied For    |
|   | 4th St N #200                            | <b>⊢</b> •  | 26                                  |                |              | 59-11 340°  | 1470            | <u> </u>       | t Applicable |
| Suite, Apt. 1   | #, etc.                                  | Suite, Apt. #, ctc.                               |                                     |                |              | Certificate of Status Desired     Section    Section                                    |                 |                |              |
| City & State  |  | City & State                                      |                                     |                |              | 6. Election Campaign Financing \$5.00 May Be  |                 |                |              |
| 23  |  | 28  |                                     |                |              | Trust Fund Contribution Added to Fees   |                 |                |              |
| zip<br>24 337   | Country                                  | Zip Country                                       |                                     |                |              | 8. This corporation owes or has paid the current year Intangible                        |                 |                |              |
| 24 33   | 102 25 Proullas                          | 29  |                                     |                |              | Personal Property Tax due June 30. Yes No  10. Name and Address of New Registered Agent |                 |                |              |
|   | 9. Name and Address of Current           | Registered Agent                                  |                                     | B1             | Name         | 10. Name and Address of New Re-   | Jistered Ağı    | HIL            |              |
| SECOR, DUSTIN  3100 66TH STREET NORTH   |  |   |                                     |                |              | /B.O. De all review in May Account to   | la)             | <del></del>    |              |
|   | PETERSBURG FL 33710                      |   |                                     | 82<br>83       | Street Addi  | ress (P.O. Box Number is Not Acceptable)  |                 |                |              |
|   |  |   | 1                                   | 53             |              |   |                 |                |              |
|   |  |   |                                     | В4             | City         |   | FL∣             | ·   '          | 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 scyll cable (NOTE: Registered Agent signature required when reinstating) DATE   |  |   |                                     |                |              |   |                 |                |              |
| 12.   | OFFICERS AND                             |   | 13.                                 |                |              | ADDITIONS/CHANGES TO OFFICE   | ERS AND D       | RECTOR         | S IN 12      |
| TITLE   | D  | DELETE  | 1.170                               | 1.1 TITLE      |              |   |                 | Change         | Addition     |
| NAME  | SECOR, DUSTIN                            | •   | 1,2 NA                              | ME             |              |   |                 |                |              |
| STREET ADDRESS  | 3100 66TH STREET NORTH                   | 1.3 \$  |                                     | STREET ADDRESS |              |   |                 |                |              |
| CITY-ST-ZIP   | ST. PETERSBURG FL 33710                  |   | 1.4 0                               |                | I - ZIP      |   |                 |                |              |
| TITLE   |  | ☐ DELETE  | <del>" -</del>                      |                |              | monomic to the  | 31 QQ           | Change         | Addition (   |
| NAME  |  |   | 2.2 NA                              | 2.2 NAME       |              | 800002313938—1<br>-10/07/9701050001   |                 |                |              |
| STREET ADDRESS  |  |   |                                     |                | ADDRESS      | ****550.00 ****550.00   |                 |                |              |
| CITY-ST-ZIP   | ·  | D pricte  | 2.4 CI                              |                | T-ZIP        |   |                 | Change         | Addition     |
| TITLE   |  | DELETE  | 3.1 Trī LE                          |                |              |   | <b>L</b>        | 1 change       |              |
| NAME  |  |   | 3.2 NA                              |                | 44.00.00     |   |                 |                |              |
| STREET ADDRESS  |  |   | 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP |                |              |   |                 |                |              |
| CITY-ST-ZIP<br>TITLE  |  | DELETE  |                                     | 1ITLE          |              |   |                 | Change         | Addition     |
| NAME  |  |   | 4.2 h                               |                |              |   |                 |                |              |
| STREET ADDRESS  |  |   | 4.3 STREET AC                       |                | AODRESS      |   |                 |                |              |
|   | NTY-ST-ZIP                               |   | 4.4 City-St-7IP                     |                | ļ            |   |                 |                |              |
| TITLE   |  |   |                                     | 5 1 TITLE      |              |   |                 | Change         | Addition     |
| NAME  |  |   | 5.2 NAME                            |                | j            |   |                 |                |              |
| STREET ADDRESS  |  |   | 1                                   |                | ADDRESS      |   |                 |                |              |
| CITY-ST-ZIP   |  |   | 5.4 CF                              |                |              |   |                 | -ZN            |              |
| TITLE   |  | ☐ DETE4E  | 6.1 TJ                              |                |              |   | 15              | <b>Enang</b> e | Addition     |
| NAME  |  |   | 6.2 NA                              | ME             |              |   | / \≿            | # /            | ļ            |
| STREET ADDRESS  |  |   | 6.3 ST                              | REET           | ADDRESS      |   | 17              | ð / -          |              |
| CITY-ST-ZIP   |  |   | 6.4 CI                              |                |              |   | <u> LV</u>      |                |              |
| 14. Ldo herel   | by certify that the information supplied | with this filing does not qual                    | ify for the                         | exe            | motion state | d in Section 119.07(3)(i), Florida Statute  | s. I funber.o   | Sitify 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.