Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90148 039 \*\*\*150.00

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## 1999 DOCUMENT # P9700007224

1. Corporation Name

	E TITLE SERVICES, INC. DE of Business NUE NO.	Mailing Address 132 10TH AVENUE NO. SUITE 102							
		* * *	SAFETY HARBOR FL 34635			DO NOT WRITE IN THIS SPACE			
į						Date Incorporated or Qualifed     01/24/1997			
2. Principal Place of Business		2a. Mailing Address	2a. Mailing Address			4. FEI Ni mber	A	pt lied For	
212		26	26			59-3424957	N-	ot Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certifcate of Status Desired	-	A iditional equired	
City & State		City & State				1	\$5.00 May Be Added to Fees		
Zip	Cour try	Zip	Country			8. This corporation owes the current year intangil			
24	25 29		30	o		Persor al Property Tax.	Yes No		
	9. Name and Address of Curre	ent Registered Agent		81	Name	10. Name and Address of New Registered Age	1t		
132 10TH AVENUE NO. SUITE 102 SAFETY HARBOR FL 34695				82 83 84	City	ress (P.O. Bo) Number is Not Acceptable)	5 Zip	Code	
office or	to the provisions of Sections 607.06 registered agent, or both, in the Stat am familiar with, and accept the oblig	e τf Florida. Such change was	authorized	by 1	the corporati	poration submits this statement for the purpose of char ion's board of directors. I hereby accept the appointment	ging its	s registered egistered	
SIGNATUFE									
Signature, typed or printed na ne of registered agent and title if applicable. (NOT				gen	t signature require	ed when reinstating) DATE			
12.	OFFICERS AND DIRECTORS		13.			ADDITIONS/CHANGES TO OFFICERS AND D			
TITLE	ST	☐ DELETE	1.1 TIΤ	1.1 TITLE		Ų	Change	Addition	
NAME	SLAUGHTER, C M		1.2 NAN	1.2 NAME					
STREET ADDRESS			1.3 STR	1.3 STREET ADDRESS					
CITY-ST-ZIP	SAFETY HARBOR FL 34695		1.4 CITY		-ZIP				
TITLE	PD	☐ DELETE	2.1 TITL	.E			Change	Addition	
NAME	BOSTICK, W G ESQ		2.2 NAN	Æ					
STREET ADDRESS	1		2.3 STR	2.3 STREET ADDRI					
CITY-ST-ZIP	ST PETERSBURG FL 33707		2. 4 CIT	2. 4 CITY- ST-ZII					
TITLE		☐ DELETE	3.1 TITL	E.			Change	☐ Addition	
NAME			3.2 NAM	ИE					
STREET ADDRESS			3.3 STR	REET	ADDRESS				

6.4 CITY-ST-ZIP 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 attact ment with an address, with all other like empowered.

34. CITY-ST-ZIP

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

4 4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

51 TITLE

52 NAME

6.1 TITLE

6.2 NAME

☐ DELETE

☐ DELETE

☐ DELETE

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

TITLE

NAME

SIGNATURE AND THE OF SIGNING OFFICE TOR DIRECTOR

Change

Change

Change

Addition

☐ Addition

Addition

CR2E034 (11/98)