

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000044960

1. Corporation Name

ADVANCED TITLE SERVICES, INC.

Principal Place of Business

13591 MCGREGOR BLVD., STE. 21
FT. MYERS FL 33919

Mailing Address

13591 MCGREGOR BLVD., STE. 21
FT. MYERS FL 33919

2. Principal Place of Business

21 13141-9 McGregor Blvd.

Suite, Apt. #, etc.

22

City & State
23 Ft. Myers, FL

Zip Country
24 33919 25 USA

2a. Mailing Address

26 13141-9 McGregor Blvd.

Suite, Apt. #, etc.

27 City & State

28 Ft. Myers, FL

Zip Country
29 33919 30 USA

9. Name and Address of Current Registered Agent

SCHUMANN, RAYMOND L
7370 COLLEGE PKY., STE. 300
FT. MYERS FL 33907

3. Date Incorporated or Qualified

05/20/1997

4. FEI Number

65-0761118

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

10. Name and Address of New Registered Agent

81 Name

Schumann, Raymond L.

82 Street Address (P.O. Box Number is Not Acceptable)

13141-9 McGregor Blvd.

83

84 City

Ft. Myers

FL

85 Zip Code

33919

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 of 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

Raymond L. Schumann
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/5/99

DATE

12. OFFICERS AND DIRECTORS

TITLE PT ☒ DELETE
NAME SCHUMANN, RAYMOND L
STREET ADDRESS 13591 MCGREGOR BLVD., STE. 21
CITY-ST-ZIP FT. MYERS FL 33919

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
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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 President/Director/Treas. ☒ Change ☐ Addition
1.2 NAME Schumann, Raymond L.
1.3 STREET ADDRESS 13141-9 McGregor Blvd.
1.4 CITY-ST-ZIP Ft. Myers, FL 33919

2.1 TITLE Vice President ☐ Change ☒ Addition
2.2 NAME Ellen S. Maher
2.3 STREET ADDRESS 13141-9 McGregor Blvd.
2.4 CITY-ST-ZIP Ft. Myers, FL 33919

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 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:

Raymond L. Schumann
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/5/99

941-936-9200
Daytime Phone #

CR2E034 (11/98)

FILED
Apr 08, 1999 8:00 am
Secretary of State

04-08-1999 90057 016 ***150.00



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