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FILED
Mar 24 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000051607 (4)

1. Corporation Name

TOWN & COUNTRY TITLE, INC.



Principal Place of Business

Mailing Address

1780 HWY. A1A #204
INDIAN HARBOR BEACH FL 32937

1780 HWY. A1A #204
INDIAN HARBOR BEACH FL 32937

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/10/1997

4. FEI Number

59-3453639

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 or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes ☐ No

2. Principal Place of Business

21 749 Pinetree Dr.

Suite, Apt. #, etc.

22

City & State

23 Indian Harbour Beach, FL

Zip

24 32937

Country

25 USA

2a. Mailing Address

26 749 Pinetree Dr.

Suite, Apt. #, etc.

27

City & State

28 Indian Harbour Beach, FL

Zip

29 32937

Country

30 USA

9. Name and Address of Current Registered Agent

KOENIG, DARLENE L
1780 HWY. A1A #204
INDIAN HARBOR BEACH FL 32937

10. Name and Address of New Registered Agent

81 Name

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

83 Indian Harbour Beach, FL 32937

84 City

FL

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)

03/16/98

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☒ DELETE
NAME KOENIG, DARLENE L
STREET ADDRESS 129 ANONA PLACE
CITY - ST - ZIP INDIAN HARBOR BEACH FL 32937

TITLE D ☐ DELETE
NAME KOENIG, DARLENE L
STREET ADDRESS 129 ANONA PLACE
CITY - ST - ZIP INDIAN HARBOR BEACH FL 32937

TITLE D ☐ DELETE
NAME MILLS, RALPH B
STREET ADDRESS 8165 NW 47TH DR.
CITY - ST - ZIP CORAL SPRINGS FL 33067

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 D/P/T
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME D/V/S
3.3 STREET ADDRESS 749 Pinetree Dr.
3.4 CITY - ST - ZIP Indian Harbour Beach, FL 32937

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.

DARLENE L. KOENIG

CR2E034 (10/97)