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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P97000059262 (0)

GATOR TITLE INSURANCE COMPANY, INC.

Principal Place of Business

Mailing Address

FILED Apr 28 1998 8:00am Secretary of State



445 S. COMMERCE AVENUE SEBRING FL 33870		445 S. COMMERCE AVENUE SEBRING FL 33870			
OLDIMO 12	3070	SEDRING TE SSOTO		DO NOT WRITE IN THIS SE	PACE
				Date Incorporated or Qualified 07/07/1997	
2. Principal P	lace of Business	2a. Mailing Address	······································	4. FEI Number	Applied For
21 137 8	Ridgewood Drive	e 26 137 S. Ri	dgewood D:	r. 65-0772016	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23 Sebri			Florida	Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the curre	
24 3387	70 25 Highlands	29 33870	30 Highlan	nds Personal Property Tax due June 30. L. 10. Name and Address of New Registered Ag	Yes No
	IITEHOUSE, J. WENDELL		J. Hallis		_
	S S. COMMERCE AVENUE		1 1	Address (P.O. Box Number is Not Acceptable)	
SEI	Bring FL 33870		83 14.	3 S. Ridgewood Drive	·
				bring	
			84 City		85 Zip Code
dd Diggreent	to the previous of Continue CO7 OFO2	a. d 007 4000 Flattle Oct. 1	1 1	FL	33870
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) DATE					
12.	OFFICERS AND	DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND D	DIRECTORS IN 12
TITLE	D	☐ DELET E	1.1 TITLE	D	Change
NAME	WHITEHOUSE , J. WENDELL		1.2 NAME	WHITEHOUSE, J. WENDELL	
STREET ADDRESS	445 S. COMMERCE AVENUE		1.3 STREET ADDRESS	143 S. Ridgewood Drive	
CITY-ST-ZIP	SEBRING FL 33870		1.4 CITY - S1 - ZIP	Sebring, FL 33870	İ
TITLE	D	☐ DELETE	2.1 TITLE		Change Addition
NAME	Warrick, Judy K		2.2 NAME		
STREET ADDRESS	405 MAGNOLIA AVENUE		2.3 STREET ADDRESS		
CITY-ST-ZIP	SEBRING FL 33870		2. 4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3 3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY - ST - ZIP		
TITLE		☐ DELETE	4.1 TITLE		Change Addition
HAME			4. 2 NAME		i
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 City-St-ZiP		
TITLE		☐ DELETE	5.1 TITLE		Change Addition
- NAME			5.2 NAME		}
STREET ADDRESS			5.3 STREET ADDRESS		1
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		
14. I hereby c	ertify that the information supplied with	this filing does not qualify fo	r the exemption state	ed in Section 119.07(3)(i), Florida Statutes. I further certil	y that the information
officer or o	on this annual report or supplemental a director of the compration or the receiv	annual report is frue and according to the cordinate of t	urate and that my sig execute this report as	nature shall have the same legal effect as if made unde required by Chapter 607, Florida Statutes; and that my	r oath; that I am an name appears in