Apr 07, 1999 8:00 am Secretary of State

04-07-1999 90047 026 ***150.00

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 # P97000059262 1. Corporation Name

GATOR TITLE INSURANCE COMPANY, INC.

-	•				
Principal Place	of Business	Mailing Address		I ANTICHOS LIA SOLU MACIO ADUS NACIO ADDIS	1 Bliff (Bite tible Gitle tial ion.
137 S RIDGEWOOD DRIVE 137 S RIDGEWOOD DR					
SEBRING FL 33870 SEBRING FL 33870			TO MOTIVE IT IN THE	0.00405	
US US		•	DO NOT WRITE IN THE	5 SPACE	
			•	3. Date Incorporated or Qualifed	
				07/07/1997	
	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26	·	65-0772016	Not Applicable \$8.75 Additional
Suite, Apt.	#,`etc	Suite, Apt. #, etc.		5. Certificate of Status Desired	Fee Required
22		27		0.51.00.00.00.00.00.00.00.00.00.00.00.00.00	
City & State	9 , *	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
23		28	Country		
Zip	Country	Zip 30	٦	This corporation owes the current year in Personal Property Tax.	∏Yes □XNo
24	9. Name and Address of Cur		<u>'1</u>	10. Name and Address of New Registered	
· · · · ·	5. Name and Address of Cur	ent Registered Agent	81 Name		
WHITEHOUSE, J. WENDELL					
	S RIDGEWOOD DRIVE		82 Street Ad	dress (P.O. Box Number is Not Acceptable)	{
SEBRING FL 33870		83			
-					
'			84 City	F	
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					
office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.					
SIGNATURE				lifed when reinstation) DATE	
Digitation, types of printed frames			gistered Agent signature requ 13.	ADDITIONS/CHANGES TO OFFICERS A	AND DIRECTORS IN 12
12.	D	DELETE		/V/S/T/D	Change Addition
TITLE	WHITEHOUSE, J W			HITEHOUSE, J. WENDELL	<i>X</i> -
NAME :	143 S RIDGEWOOD DRIVE			37 S. Ridgewood Drive	
STREET ADDRESS	SEBRING FL 33870		,	-	
CITY-ST-ZIP				abwine Dlawida 22070	
TITLE	D	53 DELETE		ebring, Florida 33870	Change Addition
NAME		₩ DELETE	2.1 TITLE	ebring, Florida 33870	☐ Change ☐ Addition
	WARRICK, JUDY K	₩ DELETE	2.1 TITLE 2.2 NAME	<u>ebring, Florida 33870</u>	☐ Change ☐ Addition
STREET ADDRESS	405 MAGNOLIA AVENUE	₩ DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS	ebring, Florida 33870	Change Addition
CITY-ST-ZIP		San the section of the section	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP		Change Addition
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CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME	405 MAGNOLIA AVENUE	DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME		☐ Change ☐ Addition ☐ Change ☐ Addition

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 or annual report with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADORESS

CITY-ST-ZIP

04/01/99

941-402-0111