

**FILED**  
**Apr 26, 1999 8:00 am**  
**Secretary of State**

04-26-1999 90072 034 \*\*\*150.00

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> <b>Secretary of State</b> <b>DIVISION OF CORPORATIONS</b>
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**DOCUMENT # P97000072614**

1. Corporation Name

**TITLE COMPANY OF BREVARD**

Principal Place of Business

345 6TH AVE.  
INDIALANTIC FL 32951

Mailing Address

345 6TH AVE.  
INDIALANTIC FL 32951

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**08/21/1997**

2. Principal Place of Business

21

Suite, Apt. #, etc.

2a. Mailing Address

26

Suite, Apt. #, etc.

4. FEI Number

**59-3467114**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional Fee Required**

22 City &amp; State

27 City &amp; State

6. Election Campaign Financing Trust Fund Contribution

**\$5.00 May Be Added to Fees**

23 Zip

Country

28 Zip

Country

8. This corporation owes the current year Intangible Personal Property Tax.

☐ Yes ☒ No

9. Name and Address of Current Registered Agent

**BETTEN, LAURA K**  
**1361 BEDFORD DR.**  
**MELBOURNE FL 32940**

10. Name and Address of New Registered Agent

81 Name

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

83

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)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
**D**  
**SPRAGINS, STEPHEN**  
**973 OSPREY DR.**  
**MELBOURNE FL 32940**

CITY-ST-ZIP

TITLE ☐ DELETE
**D**  
**SPRAGINS, MICHAEL**  
**905 N HARBOR CITY BLVD #102**  
**MELBOURNE FL 32935**

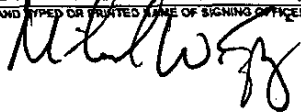
CITY-ST-ZIP

TITLE ☐ DELETE

SIGNATURE:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR



Date

Daytime Phone #

5/2/99

407-224-4440

CR2E034 (1/98)