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CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

FILED Mar 13 1998 8:00am Secretary of State

DOCUMENT #

1. Corporation Name P97000101846 (8) PARTNERS TITLE SERVICES CORPORATION Principal Place of Business Mailing Address 1502 W. FLETCHER AVE., STE. 101 1502 W. FLETCHER AVE., STE. 101 **TAMPA FL 33612 TAMPA FL 33612** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 11/26/1997 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For Applied FOR 26 Not Applicable Suite, Apt. #. etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Ζıρ Zφ Country Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes Yes 25 24 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name FARR, JAMES G 1502 W. FLETCHER AVE., STE. 101 Street Address (P.O. Box Number is Not Acceptable) **TAMPA FL 33612** City Zip Code 85 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, typod or proted name of registered agent and the if applicable (NOTE: Registered Agent signature required when reinstating) 12 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE TITLE 1.1 TITLE D/P/S Change X Addition FARR, JAMES G FARR, JAMES G. NAME 1.2 NAME 1500 W. Fletcher Ave., Ste 101 1502 W. FLETCHER AVE., STE. 101 STREET ADDRESS 1.3 STREET ADDRESS **TAMPA FL 33612** Tampa, F1 33612 CITY - ST - ZIP 14 City-ST-ZiP DELETE ☐ Addition Change TITLE 2.1 TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 2 4 CITY-ST-ZIP DELETE 3.1 TITLE Change Addition TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE 4.1 TO LE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Addition Change TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Addition TITLE 6.1 TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY - ST - ZIP CITY-ST-ZIP

14. 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 suppliemental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; 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.

SIGNATURE:

JAMES G. FARR President