## 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 # P98000018212

REALTY TITLE SERVICES OF NORTHEAST FLORIDA, INC.

Principal Place of Business		Mailing Address
2747 BLANDING BLVDSTE.101 MIDDLEBURG FL 32068	•	P.O. BOX 2263 MIDDLEBURG FL 32050-2263

## **FILED** Feb 22, 1999 8:00 am Secretary of State

02-22-1999 90007 034 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

					3. Date Incorporated or Qualifed			
					02/20/1998			
2. Principal Pi	face of Business	2a. Mailing Address			4. FEI Number	A	oplied For	
21		26			59-3495088	No	ot Applicable	
	Suite, Apt. #, etc. Suite, Apt. #, etc.		5. Certifcate of Status Desired -	\$8.75 Additional Fee Required				
City & State City & State		6. Election Campaign Financing	\$5.00	May Be				
23	28		Trust Fund Contribution Added to Fees					
Zip	Country	Zip Country			8. This corporation owes the current year Intang	gible		
24	25	29 30			Personal Property Tax.  Yes No			
Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent								
			81	Name			· ]	
JOHNSON, DOUGLAS W			82	82 Street Address (P.O. Box Number is Not Acceptable)				
	BLANDING BLVD.,STE.101			Officer Address (1), Box Mainten to Net Address (2)				
MIDD	DLEBURG FL 32068		83					
			84	City		85 Zip	Code	
	2			1,	FI I	1 '	İ	
11. Pursuant	to the provisions of Sections 607.0502	2 and 607.1508, Florida Statutes,	the abov	e-named co	orporation submits this statement for the purpose of characteristicn's board of directors. I hereby accept the appointment	anging its	registered	
office or re	egistered agent, or both, in the State of	of Florida. Such change was auth	orized by a Statutes	the corpora	ation's board of directors. I hereby accept the appointm	nent as re	egistered	
SIGNATURE	Signature, types or printed name of registered agen	at and title if applicable. Douglas	egistereti Age	<del>Ighns</del> a	AB A PARASI dent January DATE, 1	999		
12.		D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND	DIRECTO		
TITLE	D	☐ DELETE	1.1 TITLE		Ε	] Change	☐ Addition	
NAME	JOHNSON, DOUGLAS W		1.2 NAME	1			)	
STREET ADDRESS	240 FOXTAIL AVE		1.3 STREET ADDRESS					
CITY-ST-ZIP	MIDDLEBURG FL 32068		1.4 C(TY-ST-Z(P					
TITLE	D	☐ DELETE	2.1 TITLE			Change	Addition	
NAME	JOHNSON, JOYCE L		2.2 NAME					
STREET ADDRESS	240 FOXTAIL AVE		2.3 STREE	T ADDRESS	_		l l	
CITY-ST-ZIP	MIDDLEBURG FL 32068		2.4 CITY-	ST-ZIP				
TITLE	D	☐ DELETE	3.1 TITLE			] Change	☐ Addition	
NAME	TATUM, RAYMOND J JR		3.2 NAME	]				
STREET ADDRESS	4027 EVERETTE AVE.,#D	İ	3.3 STREE	TADDRESS				
CITY-ST-ZIP	MIDDLEBURG FL 32068		3.4. CITY-1	ST-ZIP				
TITLE	D	☐ DELETE	4.1 TITLE			Change	☐ Addition	
NAME	TATUM, GINGER S		4. 2 NAME				j	
STREET ADDRESS	4027 EVERETTE AVE.,#D		4.3 STREE	T ADDRESS				
CITY-ST-ZIP	MIDDLEBURG FL 32068		4.4 CITY-5	ST-ZIP				
TITLE		☐ OELETE	51 TITLE			Change	☐ Addition	
NAME			5.2 NAME	İ				
STREET ADDRESS			5.3 STREE	T ADDRESS			ļ	
CHY-ST-ZIP			5.4 CITY-5	ST-21P				
TITLE		☐ DELETE	6.1 TITLE			Change	Addition	
NAME			6.2 NAME		,		}	
STREET ADDRESS	•		6.3 STREE	T ADDRESS			ľ	
CITY-ST-ZIP			6.4 CITY-S	ST-ZIP			Ì	
OUT STATE	,							

14. I hereby certify that the information supplied with this filling 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 of 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, oy on an attachment with an address, with all other like empowered.

Douglas W Johnson, Pres. Jan. 7, 1999 904-291-8800