

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

FILED  
Feb 23, 1999 8:00 am  
Secretary of State

02-23-1999 90020 043 \*\*\*150.00

DOCUMENT # P98000038649

1. Corporation Name

TITLE EXPERTS OF TAMPA, INC.

Principal Place of Business  
10830 FLORENCE AVENUE  
THONOTOSASSA FL 33592-0374

Mailing Address  
10830 FLORENCE AVENUE  
THONOTOSASSA FL 33592-0374

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/27/1998

4. FEI Number

59-3512553

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year intangible  
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 15438 N. Florida Avenue

26 15438 N. Florida Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite 106

27 Suite 106

City & State

City & State

23 Tampa, FL

28 Tampa, FL

Zip

33613

Country

25 Hillsborough

Zip

33613

Country

30 Hillsborough

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MCDANIEL, LAURA E  
10830 FLORENCE AVENUE  
THONOTOSASSA FL 33592-0374

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE

NAME MCDANIEL, LAURA E  
STREET ADDRESS 10830 FLORENCE AVENUE  
CITY-ST-ZIP THONOTOSASSA FL 33592-0374

1.1 TITLE President ☐ Change ☒ Addition

1.2 NAME Rendueles, Marcia E.

1.3 STREET ADDRESS 13109 Lilita Avenue

1.4 CITY-ST-ZIP Dover, FL 33527

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

2.1 TITLE V. President ☐ Change ☒ Addition

2.2 NAME Rendueles, III., Andrew

2.3 STREET ADDRESS 13109 Lilita Avenue

2.4 CITY-ST-ZIP Dover, FL 33527

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

3.1 TITLE V. Pres/Sec/Treas. ☐ Change ☒ Addition

3.2 NAME McDaniel, Laura E.

3.3 STREET ADDRESS 10830 Florence Avenue

3.4 CITY-ST-ZIP Thonotosassa, FL 33592

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Laura E. McDaniel*  
Laura E. McDaniel

1/4/99

(813) 264-7752

Date

Daytime Phone #

CR2E034 (11/98)

0083055