


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 01, 1999 8:00 am
Secretary of State

05-01-1999 90057 028 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P98000040546					
1. Corporation Name HENDERSON WEED TITLE SERVICES, INC. WEED & ASSOCIATES TITLE SERVICES, INC.					
Principal Place of Business 301 N. HWY. 27 CLERMONT FL 34711			Mailing Address 301 N. HWY. 27 CLERMONT FL 34711		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		05/04/1998	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-3509714	
24 Country		29 Country		Applied For	
				Not Applicable	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
WEED, KATHRYN I 301 N. HWY. 27 CLERMONT FL 34711				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 <u>Kathryn I. Weed, Pres.</u> 4/27/99 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE					
12. OFFICERS AND DIRECTORS					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
TITLE D <input type="checkbox"/> DELETE			1.1 TITLE P/D <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME WEED, KATHRYN I			1.2 NAME		
STREET ADDRESS 16440 BAYRIDGE DR.			1.3 STREET ADDRESS		
CITY-ST-ZIP CLERMONT FL 34711			1.4 CITY-ST-ZIP		
TITLE D <input checked="" type="checkbox"/> DELETE			2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME HENDERSON, SHARON J			2.2 NAME		
STREET ADDRESS 3024 CARTER JONES RD.			2.3 STREET ADDRESS		
CITY-ST-ZIP GROVELAND FL 34736			2.4 CITY-ST-ZIP		
TITLE D <input type="checkbox"/> DELETE			3.1 TITLE S/T/D <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME HALL, JUNE G			3.2 NAME		
STREET ADDRESS 865 TILDENVILLE SCHOOL RD.			3.3 STREET ADDRESS		
CITY-ST-ZIP WINTER GARDEN FL 34787			3.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE			4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE			5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE			6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			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:

 **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Kathryn I. Weed, Pres.

Date

(352) 241-8260

4/27/99

Daytime Phone #

CR2E034 (1/98)