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**FILED**  
**Mar 10, 1999 8:00 am**  
**Secretary of State**

03-10-1999 90016 026 \*\*\*150.00

**PROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # P98000100292**

1. Corporation Name

**INVESTMENT TRUST COMPANY OF FLORIDA, INC.**

Principal Place of Business

2714 REW CIRCLE, SUITE 200-  
OCOE FL 34761 100

Mailing Address

2714 REW CIRCLE, SUITE 200-  
OCOE FL 34761 100

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/02/1998

4. FEI Number

59-3545426

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing ☐

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

7. Trust Fund Contribution ☐

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

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

CHAMBERLAIN, PETER L  
2714 REW CIRCLE, SUITE 200  
OCOE FL 34761

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

NAME CHAMBERLAIN, PETER L  
STREET ADDRESS 2714 REW CIRCLE, SUITE 200  
CITY-ST-ZIP OCOEE FL 32714 34761

TITLE ☐ DELETE

NAME JORDAN WOLF, PAMELA  
STREET ADDRESS 2926 HAWTHORNE ROAD  
CITY-ST-ZIP TAMPA FL 33611

TITLE ☐ DELETE

NAME WOLF, THOMAS G  
STREET ADDRESS 2926 HAWTHORNE ROAD  
CITY-ST-ZIP TAMPA FL 33611

TITLE ☐ DELETE

NAME MORALES, EILEEN Z  
STREET ADDRESS 6415 MACLAURIN DRIVE  
CITY-ST-ZIP TAMPA FL 33647

TITLE ☐ DELETE

NAME SCOTT, SUSAN V  
STREET ADDRESS 1615 BARCELONA WAY  
CITY-ST-ZIP WINTER PARK FL 32789

TITLE ☐ DELETE

NAME BRITTON, FREDERICK O  
STREET ADDRESS 1661 LAUREL ROAD  
CITY-ST-ZIP WINTER PARK FL 32789

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition

1.2 NAME President  
Legg, William  
1.3 STREET ADDRESS 2714 Rew Circle, Suite 100  
1.4 CITY-ST-ZIP OCOEE, FL 34761

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)