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Feb 26, 1999 8:00 am  
Secretary of State

02-26-1999 90068 028 \*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

DOCUMENT # P98000102633

1. Corporation Name

INDEPENDENCE TITLE COMPANY

Principal Place of Business

35246 U.S. HWY 19N  
SUITE 177  
PALM HARBOR FL 34684

Mailing Address

35246 U.S. HWY 19N  
SUITE 177  
PALM HARBOR FL 34684

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/07/1998

4. FEI Number

59-3545529

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

9. Name and Address of Current Registered Agent

BAKER, GARY H  
35246 U.S. HWY 19N  
SUITE 177  
PALM HARBOR FL 34684

10. Name and Address of New Registered Agent

81 Name

BAKER, GARY H

82 Street Address (P.O. Box Number is Not Acceptable)

28050 US Hwy 19N

83 Suite

Suite 201

84 City

Clearwater

FL

85 Zip Code

33761

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

*Gary H. Baker*  
Signature, typed or printed name of registered agent and title if applicable.

Gary H. Baker

1-31-99

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE President Treasurer & Director ☐ DELETE  
NAME Gary H. Baker  
STREET ADDRESS 28050 US Hwy 19N, #201  
CITY-ST-ZIP Clearwater, FL 33761

1.1 TITLE President Treasurer & Director ☐ Change ☒ Addition  
1.2 NAME Gary H. Baker  
1.3 STREET ADDRESS 28050 US Hwy 19N, #201  
1.4 CITY-ST-ZIP Clearwater, FL 33761

TITLE Vice President, Secretary & Director ☐ DELETE  
NAME Karen L. Baker  
STREET ADDRESS 28050 US Hwy 19N, #201  
CITY-ST-ZIP Clearwater, FL 33761

2.1 TITLE Vice President, Secretary & Director ☐ Change ☒ Addition  
2.2 NAME Karen L. Baker  
2.3 STREET ADDRESS 28050 US Hwy 19N, #201  
2.4 CITY-ST-ZIP Clearwater, FL 33761

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

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: *Gary H. Baker* REQUIRE Gary H. Baker 1-31-99 727-779-6488  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)