

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
May 04, 1999 8:00 am
Secretary of State

05-04-1999 90096 006 ***150.00

DOCUMENT # P990000000163

1. Corporation Name

AMERICAN SURETY LAND TITLE, INC.



Principal Place of Business

Mailing Address

**3536 UNIVERSITY BOULEVARD NORTH #211
JACKSONVILLE FL 32277**

**3536 UNIVERSITY BOULEVARD NORTH #211
JACKSONVILLE FL 32277**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/31/1998

4. FEI Number

59-3554753

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Election Campaign Financing ☐ **\$5.00** May Be Added to Fees

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BOWMAN, FLORA W
11761 BEACH BLVD. SUITE 11
JACKSONVILLE FL 32246**

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 **BOWMAN, FLORA W**
STREET ADDRESS **3536 UNIVERSITY BLVD. N. #211**
CITY-ST-ZIP **JACKSONVILLE FL 32277**

TITLE **D** ☐ DELETE

NAME **SCHROEDER, PAMELA**
STREET ADDRESS **3536 UNIVERSITY BOULEVARD NORTH #211**
CITY-ST-ZIP **JACKSONVILLE FL 32277**

TITLE **PAST** ☐ DELETE

NAME **BOWMAN, FLORA W**
STREET ADDRESS **3536 UNIVERSITY BOULEVARD NORTH #211**
CITY-ST-ZIP **JACKSONVILLE FL 32277**

TITLE **EVPS** ☐ DELETE

NAME **SCHROEDER, PAMELA**
STREET ADDRESS **3536 UNIVERSITY BOULEVARD NORTH #211**
CITY-ST-ZIP **JACKSONVILLE FL 32277**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

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

Flora W. Bowman
Signature and typed or printed name of signing officer or director

Date

Daytime Phone #

4-29-99

904-642-1366

CR2E034 (1/98)