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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **S67640** 1. Corporation Name

ALLIED TITLE INSURANCE, INC.

FILED Feb 11, 1999 8:00am **Secretary of State**

02-11-1999 90014 013 ***150.00



| Principal Place | e of Business | Mailing Address | | | | | | | |
|---|--|-----------------------------------|---|---|---|------------------|-------------------------------------|--|----------------|
| 5314 LEMON S | Т | 5314 LEMON ST | | | | | | | |
| NEW PORT RICHEY FL 34652 | | NEW PORT RICHEY FL 34652 | | | DO NOT WRITE IN THIS SPACE | | | | |
| US | | U\$ | | | 3. Date Incorporated or Qua | lifed | | | |
| | | | | | 07/18/1991 | | | | |
| 2. Principal Pl | lace of Business | 2a. Mailing Address | | | 4. FEI Number | | A | oplied For | 517 |
| 21 | | 26 | | | 59-3080577 | | N | ot Applicable | |
| Suite, Apt. | #, etc. | Suite, Apt. #, etc. | | | 5. Certifcate of Status Desir | ed 🗆 | | Additional | |
| 22 | | 27 | | | G. Commodic of Citation Poor | | | equired | |
| City & State | | City & State | ⊢ , ' ' | | | cing | | May Be | |
| 23 | | 28 | | -4 | Trust Fund Contribution | | | to Fees | |
| Zip | Country | Zip | Cou | intry | 8. This corporation owes the | e current year 1 | ntangible Yes | □No | |
| 24 | 9. Name and Address of Currer | 29 | 30 | 1 | Personal Property Tax. 10. Name and Address of P | lew Registere | | | |
| | 9. Name and Address of Currer | it Registereu Agent | | 81 Name | 10. 1101110 0110 1100 01. | | | | |
| TUT | TLE, DONALD W | • | | | | 4-61-1 | | | |
| | LEMON ST | | | 82 Street Add | ress (P.O. Box Number is Not Ad | ceptable) | | | |
| | PORT RICHEY FL 34652 | | | 83 | | | | AND COLUMN | |
| | | | | | | ep dan dijad | | | |
| | | | | 84 City | | F | ' ' | Code | Į |
| 11 Pursuant | to the provisions of Sections 607.050 | 22 and 607.1508, Florida Statut | es, the al | bove-named corp | poration submits this statement for | or the purpose | of changing its | s registered | 1 |
| office or r | to the provisions of Sections 607.050 registered agent, or both, in the State rm familiar with, and accept the obliga | of Florida. Such change was a | uthorized | d by the corporation | on's board of directors. I hereby | accept the app | ointment as re | egisterea | |
| - | in lamillar with, and accept the oblige | 20013 Oi, Occion 007.0000, 110 | | | | • | | | |
| SIGNATURE | Signature, typed or printed name of registered age | ent and title if sonlicable (NOTE | Pagietered | A sent elempture require | ed when reinstating) (1 | DATE | | | ؍ ا |
| | Signature, typed or printed flather or registered ego | in and the in application. (Here | ,. Magistered | Agent signature require | | | | | 9 |
| 12. | OFFICERS AN | ND DIRECTORS | 13. | | ADDITIONS/CHANGES T | O OFFICERS / | | | 90/1 |
| 12. | OFFICERS AN | | | | | O OFFICERS / | ND DIRECT | ORS IN 12 | 90/14/ |
| | OFFICERS AN PSD TUTTLE, ELIZABETH A. | ND DIRECTORS | 1,1 TI 1,1 TI 1,2 N/ | TLE AME | ADDITIONS/CHANGES T | O OFFICERS / | | | 90/14/ |
| TITLE | OFFICERS AN PSD TUTTLE, ELIZABETH A. 5314 LEMON STREET | ND DIRECTORS | 1.1 TII 1.2 N/ 1.3 ST | TLE AME TREET ADDRESS | ADDITIONS/CHANGES T | O OFFICERS / | | | 00/14/00 |
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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 /

TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Elizabeth A. Tuttle/Pres.01/25/99

727-849-8336