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

PROFIT CORPORATION ANNUAL REPORT

1998

Suite, Apt. #, etc.

City & State

23



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S86919

(5)

Suite, Apt. #, etc.

City & State

HERNANDO TITLE SERVICES, INC.

Principal Place of Business	Mailing Address	=	
615 W JEFFERSON ST. BROOKSVILLE FL 34601	615 W JEFFERSON ST. BROOKSVILLE FL 34601	:	
BROOKSVILLE FL 34601	BROOKSVILLE FL 34601	:	

27

28

## FILED Jan 20 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/11/1991 4. FEI Number

59-3087425

5. Certificate of Status Desired

6. Election Campaign Financing

Trust Fund Contribution

24	•	25	29	<u> </u>	30	n Ita y		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No			
9. Name and Address of Current Registered Agent						10. Name and Address of New Registered Agent					
W/	ANAT, JOHN	I A.			•	81	Name				
	•	OOD AVENUE			-	82	Street	Address (P.O. Box Number is Not Acceptable)			
BROOKSVILLE FL 34601					<u> </u>	E 82 Street Address (P.O. Box Number is Not Acceptable)					
					,	83					
						84	City	85 Zip Code			
							•	FL   '   '			
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, lyped	or printed name of registered agent		. (NOTE,	-	Адеп	nt signature	required when reinstating) DATE			
12.	D	OFFICERS AND	DIRECTORS	DELETE	13.	rı a		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
	-	IOUN A			1,1 Til			☐ Change ☐ Ado			
NAME		INDEDWOOD AIRCHE			1.2 NAME						
STREET ADORESS	1	MANAGE CI			1.3 STREET ADDRESS						
CITY-ST-ZIP	D				_	1.4 CITY-ST-ZIP 2.1 TITLE		A-201-			
NAME	i -	MENCINEA A	L.				į	☐ Change ☐ Addition			
		FOA LINDEDWOOD ANTHUE		_,	2 NAME 3 STREET ADDRESS						
STREET ADDRESS	BROOKS				2						
CITY-ST-ZIP TITLE	DROOKS	MILLE FL		DELETE	2, 4 Ci		-ZIP	Change Addition			
NAME			-		3.2 NA			C. Grange C. Adustoit			
STREET ADORESS							ADDRESS				
CITY-ST-ZIP					3.4. Ci						
TITLE				DELETE	4,1 TII		-210	Change Addition			
NAME					4.2 N/						
STREET ADDRESS					4,3 ST	REET A	ADDRESS				
CITY-ST-ZIP					4.4 CIT	Y-ST-	-ZIP	:			
TITLE				DELETE	5J TIT			☐ Change ☐ Addition			
NAME					5.2 NA	ME	1				
STREET ADDRESS					5.3 ST	REET A	ADDRESS				
CITY-ST-ZIP					53 CIT	Y-\$T-	- ZIP				
TITLE			Ε	DELETE	6) TIT	LE		Change Addition			
NAME					6.2 NA	ME					
STREET ADDRESS					6.3 STI	REET A	ODRESS				
CITY-ST-ZIP					6.4 CIT	Y-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.											

SIGNATURE: VIII GHURE PEQUIRED 1-1

1-7-98 352-799-7225

CR2E034 (10/97)

Applied For

\$8.75 Additional

Fee Required

**\$5.00** May Be

Added to Fees

Not Applicable