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

SIGNATURE:

Feb 17 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 **DOCUMENT #**1. Corporation Name STEWART RIVER CITY TITLE, INC. Principal Place of Business Mailing Address 7785 BAYMEADOWS WAY 7785 BAYMEADOWS WAY **SUITE 111** SUITE 111 DO NOT WRITE IN THIS SPACE JACKSONVILLE FL 32256 JACKSONVILLE FL 32256 3. Date Incorporated or Qualified 11/13/1991 4. FFI Number 2. Principal Place of Business 2a. Mailing Address Applied For 8640 Phillips Hwy 219 Newnan St 59-3104516 21 Not Applicable Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired **K**X 2nd Fl., #200 Fee Required #8 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Jacksonville, Jacksonville, FL 23 FL Trust Fund Contribution Added to Fees Country Country Zip 8. This corporation owes or has paid the current year intangible Yes □ No 25 32202 32256 Duval 29 30 Duval Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name HICKMAN, HAROLD 3401 WEST CYPRESS ST Street Address (P.O. Box Number is Not Acceptable) SUITE 202 83 **TAMPA FL 33607** 84 City Zip Code 85 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, typed or ponted name of registered agent and title if approach (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. TITLE DELETE 117116 ☐ Change ☐ Addition HICKMAN, HAROLD E. 1.2 NAME NAME CR2E034 7785 BAYMEADOWS WAY, #111 STREET ADDRESS 1.3 STREET ADDRESS JACKSONVILLE FL CITY-ST-ZIP 1.4 CITY - ST - 7/P DELETE Addition Change TITLE 2.1 TITLE D,P BALKOWIN, KEVIN NAME 2.2 NAME 7785 BAYMEADOWS WAY, #111 8640 Phillips Hwy, #8 STREET ADDRESS 2.3 STREET ADDRESS JACKSONVILLE FL Jacksonville, FL 32256 2. 4 CITY-ST-ZIP CITY-ST-ZIP X DELETE Addition TITLE 3.1 TITLE LYNNE W. COLEMAN NAME 3.2 NAME 7785 BAYMEADOWS WAY, #111 STREET ADDRESS 3.3 STREET ADDRESS JACKSONVILLE FL CITY-ST-ZIP 3.4. CITY - ST-ZIP DELETE Addition TITLE 4.1 TITLE Change D, VP NAME 4. 2 NAME Jimmy Hickman 4.3 STREET ADDRESS STREET ADDRESS 8640 Phillips Hwy, #8 4.4 CITY - ST- ZIP CITY-ST-ZIP Jacksonville, FL 32256 DELETE Change Addition TITLE 5.1 TITLE S/T NAME 5.2 NAME Vivian S. Miller STREET ADDRESS 5.3 STREET ADDRESS 8640 Phillips Hwy, #8 CITY-ST-ZIP 5.4 CITY-ST-ZIP Jacksonville, FL 32256 DELETE Change ___ Addition 6.1 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADORESS 6.4 CITY-ST-ZIP CITY - ST- ZIP 14. I hereby certify that the information supplied with this filing does not quality 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 of justee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed, or on an appear of the receiver of justee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed, or on an appear of the receiver of justee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

KEVIN BALDWIN 2/10/98

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