

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  
Apr 19, 1999 8:00 am  
Secretary of State

04-19-1999 90091 040 \*\*\*158.75

DOCUMENT # V14463

1. Corporation Name

KEYSTONE TITLE AGENCY, INC.

Principal Place of Business

~~10138 US 19~~  
PORT RICHEY FL 34668

Mailing Address

~~10138 US 19~~  
PORT RICHEY FL 34668

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/17/1992

4. FEI Number

59-3105698

Applied For

Not Applicable

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

2. Principal Place of Business

21 10138 US 19

2a. Mailing Address

26 10138 US 19

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 PORT RICHEY FL

City & State

28 PORT RICHEY FL

Zip

24 34668

Country

Zip

29 34668

Country

30

9. Name and Address of Current Registered Agent

MARTIN, JAMES A., JR.  
400 CLEVELAND STREET  
SUITE 800  
CLEARWATER FL 34615

10. Name and Address of New Registered Agent

81 Name

MARLIE B SMITH

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

10138 US 19

83

84 City

PORT RICHEY

FL

85 Zip Code

34668

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

MARLIE B SMITH 4/12/99

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME SMITH, MARLIE B  
STREET ADDRESS 10138 US 19  
CITY-ST-ZIP PORT RICHEY FL

TITLE PD ☐ DELETE

NAME MOWRY, LORI  
STREET ADDRESS 10138 US 19  
CITY-ST-ZIP PORT RICHEY FL

TITLE STD ☐ DELETE

NAME SMITH, MARGARET L  
STREET ADDRESS 10138 US 19  
CITY-ST-ZIP PORT RICHEY FL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

CEO/D

☒ Change

☐ Addition

1.2 NAME

1.3 STREET ADDRESS

10138 US 19

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

MARLIE B SMITH 727 862 5003

CR2E034 (11/98)

0582630