

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 566810

**Entity Name:** FIVE POINTS TITLE SERVICES CO., INC.**Current Principal Place of Business:**8014 SW 135TH ST RD  
OCALA, FL 34473**Current Mailing Address:**8014 SW 135TH ST RD  
OCALA, FL 34473**FEI Number:** 59-1811722**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**HUMMERHIELM, SHARON  
7374 SW 48TH STREET  
MIAMI, FL 33155 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:**\_\_\_\_\_  
Electronic Signature of Registered Agent\_\_\_\_\_  
Date**Officer/Director Detail :**

Title	D
Name	DEWILDE, CHRISTEL
Address	8014 SW 135TH ST RD
City-State-Zip:	OCALA FL 34473

Title	P
Name	SMITH, DENISE
Address	8014 SW 135TH ST RD
City-State-Zip:	OCALA FL 34473

Title	SD
Name	HUMMERHIELM, SHARON
Address	7374 SW 48TH STREET
City-State-Zip:	MIAMI FL 33155

Title	DVPT
Name	GRAM, ANTONY
Address	8014 SW 135TH ST RD
City-State-Zip:	OCALA FL 34473

Title	AS
Name	FISHER, BETH A
Address	8014 SW 135TH ST RD
City-State-Zip:	OCALA FL 34473

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** SHARON HUMMERHIELM

SD

01/21/2015

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date