

2024 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	ASST. SECRETARY
Name	BETHEL, MELISSA
Address	8014 SW 135TH STREET ROAD
City-State-Zip:	OCALA FL 34473

Title	DIRECTOR
Name	GRAM, RUDY
Address	8014 SW 135TH STREET 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

01/23/2024

Electronic Signature of Signing Officer/Director Detail_____
Date