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Apr 28 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 122267 (8)  
1. Corporation Name  
ST. LUCIE ABSTRACT AND TITLE INSURANCE COMPANY



Principal Place of Business Mailing Address  
P G NOURSE P G NOURSE  
1216 YORK AVE. 1216 YORK AVE.  
FT. PIERCE FL 34982 FT. PIERCE FL 34982-3647

3. Date Incorporated or Qualified 04/26/1930 3a. Date of Last Report 03/15/1996

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 25 Country 28 Zip 30 Country  
24 25 29 30

4. FEI Number 59-0432810 Applied For Not Applicable  
5. Certificate of Status Desired \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

NOURSE, PHILIP G.  
1216 YORK AVE.  
FORT PIERCE FL 34982

10. Name and Address of New Registered Agent

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City FL 85 Zip Code

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TD	1.1 TITLE	
NAME	NOURSE, JIMMIE ANNE	1.2 NAME	
STREET ADDRESS	1216 YORK AVE	1.3 STREET ADDRESS	
CITY - ST - ZIP	FORT PIERCE FL	1.4 CITY - ST - ZIP	
TITLE	VD	2.1 TITLE	
NAME	FEE, LEVAN NOURSE	2.2 NAME	
STREET ADDRESS	2821 S. INDIAN RIVER DR.	2.3 STREET ADDRESS	
CITY - ST - ZIP	FORT PIERCE FL	2.4 CITY - ST - ZIP	
TITLE	SD	3.1 TITLE	
NAME	NOURSE, JIMMIE V.	3.2 NAME	
STREET ADDRESS	1216 YORK AVE.	3.3 STREET ADDRESS	
CITY - ST - ZIP	FORT PIERCE FL	3.4 CITY - ST - ZIP	
TITLE	PD	4.1 TITLE	
NAME	NOURSE, PHILIP G.	4.2 NAME	
STREET ADDRESS	1216 YORK AVE	4.3 STREET ADDRESS	
CITY - ST - ZIP	FT. PIERCE FL	4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

068416

CR2E034 (9/96)