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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Murphree Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 524660 (8)**

1. Corporation Name  
**TREASURE COAST ABSTRACT AND TITLE INSURANCE CO.**

Principal Place of Business <b>401-B S. INDIAN RIVER DR P O BOX 1000 FT. PIERCE FL 34950</b>	Mailing Address <b>401-B S. INDIAN RIVER DR P O BOX 1000 FT. PIERCE FL 34950</b>
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>01/19/1977</b>	3a. Date of Last Report <b>01/21/1994</b>
4. FEI Number <b>59-1718704</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent

**FEE, FRANK H III  
401 A S. INDIAN RIVER DRIVE  
FT. PIERCE FL 34950**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FEE, FRANK H. III	1.2 NAME	
STREET ADDRESS	401A S. INDIAN RV. DR.	1.3 STREET ADDRESS	
CITY- ST- ZIP	FT. PIERCE FL	1.4 CITY- ST- ZIP	
TITLE	ST	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FEE, LEVAN N.	2.2 NAME	
STREET ADDRESS	2821 S. INDIAN RIVER DR	2.3 STREET ADDRESS	
CITY- ST- ZIP	FT. PIERCE FL	2.4 CITY- ST- ZIP	
TITLE	VD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KOBLEGARD, R.N. III	3.2 NAME	
STREET ADDRESS	2319 S. INDIAN RV. DR.	3.3 STREET ADDRESS	
CITY- ST- ZIP	FT. PIERCE FL	3.4 CITY- ST- ZIP	
TITLE	VP	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRYAN, BEN L.	4.2 NAME	
STREET ADDRESS	2521 S. INDIAN RIVER DR.	4.3 STREET ADDRESS	
CITY- ST- ZIP	FORT PIERCE FL	4.4 CITY- ST- ZIP	
TITLE	V	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MALONEY, ROBERT E JR	5.2 NAME	
STREET ADDRESS	401A S INDIAN RIVER DR	5.3 STREET ADDRESS	
CITY- ST- ZIP	FT PIERCE FL	5.4 CITY- ST- ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Sandra B. Murphree* **2-24-95** **407-461-7190**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE TELEPHONE NUMBER