

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **524660** (8)

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



Principal Place of Business: **401-B S. INDIAN RIVER DR  
P O BOX 1000  
FT. PIERCE FL 34950**

Mailing Address: **401-B S. INDIAN RIVER DR  
P O BOX 1000  
FT. PIERCE FL 34950**

2. Principal Place of Business: 21. State, Apt. #, etc. 22. City & State 23. Zip 24. Country

2a. Mailing Address: 26. State, Apt. #, etc. 27. City & State 28. Zip 29. Country 30.

9. Name and Address of Current Registered Agent

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

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

3. Date Incorporated or Qualified: **01/19/1977**

3a. Date of Last Report: **03/01/1995**

4. FEI Number: **59-1718704**

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

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 607.06(2) and 607.13(5), 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 607.07(5), Florida Statutes.

SIGNATURE		DATE
12. OFFICERS AND DIRECTORS		
12.1	PD FEE, FRANK H. III 401A S. INDIAN RV. DR. FT. PIERCE FL ST	<input type="checkbox"/> DELETED
12.2	FEE, LEVAN N. 2821 S. INDIAN RIVER DR FT. PIERCE FL VD	<input type="checkbox"/> DELETED
12.3	KOBLEGARD, R.N. III 2319 S. INDIAN RV. DR. FT. PIERCE FL VP	<input checked="" type="checkbox"/> DELETED
12.4	BRYAN, BEN L. 2521 S. INDIAN RIVER DR. FORT PIERCE FL V	<input checked="" type="checkbox"/> DELETED
12.5	MALONEY, ROBERT E JR 401A S INDIAN RIVER DR FT PIERCE FL	<input checked="" type="checkbox"/> DELETED
12.6		<input type="checkbox"/> DELETED
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
13.1	Vice President Brenda J. Bidle 401B So. Indian River Dr. Ft. Pierce, FL 34950	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
13.2		<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.3		<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.4		<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.5		<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.6		<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.7		<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.8		<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.9		<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.10		<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied in 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 or person in possession of the corporation and that my name appears in Part 12 or Part 13 of this change of office or agent statement with my address.

SIGNATURE: *Frank H. Fee III* Pro **Jan 17, 1996** 407-461-5020

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)