

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 524660

**Entity Name:** TREASURE COAST ABSTRACT AND TITLE INSURANCE CO.**Current Principal Place of Business:**426 AVENUE A  
FT. PIERCE, FL 34950**Current Mailing Address:**426 AVENUE A  
FT. PIERCE, FL 34950**FEI Number:** 59-1718704**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**FEE, FRANK HIII  
426 AVENUE A  
FT. PIERCE, FL 34950 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	FEE, FRANK HIII
Address	426 AVENUE A
City-State-Zip:	FT. PIERCE FL 34950

Title	VST
Name	FEE, LEVAN N
Address	2821 S. INDIAN RIVER DR
City-State-Zip:	FORT PIERCE FL 34982

Title	P
Name	FEE, FRANK HIV
Address	426 AVENUE A
City-State-Zip:	FORT PIERCE FL 34950

Title	V
Name	HODL, JENNIFER
Address	426 AVENUE A
City-State-Zip:	FORT PIERCE FL 34950

Title	V
Name	MOORE, CONNIE S
Address	426 AVENUE A
City-State-Zip:	FORT PIERCE FL 34950

*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:** FRANK H. FEE, III**DIRECTOR****04/05/2013**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date