

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 524660

**FILED**  
**Mar 07, 2014**  
**Secretary of State**  
**CC4882954460**

**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**

**03/07/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date