FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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 DRI
P O BOX 1000
FT. PIERCE FL 34950

Mailing Address

401-B S. INDIAN RIVER DRI
P O BOX 1000
FT. PIERCE FL 34950

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 County 25

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

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

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

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

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 Numbers Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Section 607.0502 and 607.1505, 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

12. OFFICERS AND DIRECTORS

TITLE	PD	☐ DELETE
NAME	FEE, FRANK H. III	
STREET ADDRESS	401A S. INDIAN RV. DR.	
CITY, ST, ZIP	FT. PIERCE FL	
TITLE	ST	☐ DELETE
NAME	FEE, LEVAN N.	
STREET ADDRESS	2821 S. INDIAN RIVER DR	
CITY, ST, ZIP	FT. PIERCE FL	
TITLE	VD	☒ DELETE
NAME	KOBLEGARD, R.N. III	
STREET ADDRESS	2319 S. INDIAN RV. DR.	
CITY, ST, ZIP	FT. PIERCE FL	
TITLE	VP	☒ DELETE
NAME	BRYAN, BEN L.	
STREET ADDRESS	2521 S.INDIAN RIVER DR.	
CITY, ST, ZIP	FORT PIERCE FL	
TITLE	V	☒ DELETE
NAME	MALONEY, ROBERT E JR	
STREET ADDRESS	401A S INDIAN RIVER DR	
CITY, ST, ZIP	FT PIERCE FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Vice President	☐ Change ☒ Addition
1.2 NAME	Brenda J.Bidle	
1.3 STREET ADDRESS	401B So. Indian River Dr.	
1.4 CITY, ST, ZIP	Ft.Pierce, FL 34950	
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY, ST, ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY, ST, ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY, ST, ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY, ST, ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY, ST, ZIP		

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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 attached sheet with no alteration.

SIGNATURE: Pres Jan 17, 1996 407-461-5020

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — Daytime Phone #