

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jul 12, 1999 8:00 am
Secretary of State

07-12-1999 90010 037 ***550.00

DOCUMENT # 524660

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/19/1977

Principal Place of Business

401 S. INDIAN RIVER DRIVE

2a. Mailing Address

401 S. INDIAN RIVER DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

59-1718704

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

City & State

FORT PIERCE, FL

City & State

FORT PIERCE, FL

6. Election Campaign Financing

Trust Fund Contribution



\$5.00 May Be
Added to Fees

Zip

34950

Country

25

Zip

34950

Country

30

8. This corporation owes the current year
Intangible Personal Property.



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 Number is Not Acceptable)

83

84 City

FL

85 Zip Code

1. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2. OFFICERS AND DIRECTORS

LE	PD	☐ DELETE
ME	FEE, FRANK H. III	
REET ADDRESS	401A S. INDIAN RV. DR.	
Y-ST-ZIP	FT. PIERCE FL	
LE	ST	☐ DELETE
ME	FEE, LEVAN N.	
REET ADDRESS	2821 S. INDIAN RIVER DR	
Y-ST-ZIP	FT. PIERCE FL	
LE	V	☐ DELETE
ME	BIDLE, BRENDA J	
REET ADDRESS	401B SO. INDIAN RIVER DR.	
Y-ST-ZIP	FT. PIERCE FL	
LE		☐ DELETE
ME		
REET ADDRESS		
Y-ST-ZIP		
LE		☐ DELETE
ME		
REET ADDRESS		
Y-ST-ZIP		
LE		☐ DELETE
ME		
REET ADDRESS		
Y-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
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	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(l), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/99)