

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 06, 2004 8:00 am
Secretary of State

02-06-2004 90019 017 ***150.00

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1. Entity Name

WEST COAST GUARANTY TITLE INSURANCE COMPANY



Principal Place of Business

2150 GOODLETTE ROAD
4TH FLOOR
NAPLES FL 34102

Mailing Address

2150 GOODLETTE ROAD
4TH FLOOR
NAPLES FL 34102

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 01-0552829

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

F.N.B. CORPORATION
2150 GOODLETTE ROAD
NAPLES FL 34102

Name
First National Bankshares of Florida, Inc.

Street Address (P.O. Box Number is Not Acceptable)

2150 Goodlette Road North, 8th Floor

City
Naples

FL

Zip Code
34102

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Robert T. Reichert

Robert T. Reichert, VP/CFO

1-22-04

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

(NOTE: Registered Agent signature required when reinstating)

DATE

First National Bank of Florida

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PCEO ☐ Delete
NAME COGHILL, TRACY L
STREET ADDRESS 2150 GOODLETTE ROAD 4TH FLOOR
CITY-ST-ZIP NAPLES FL 34102

TITLE D ☐ Change ☒ Addition
NAME Kevin C. Hale
STREET ADDRESS 2150 Goodlette Road 8th Floor
CITY-ST-ZIP Naples, FL 34102

TITLE D ☐ Delete
NAME COGHILL, TRACY L
STREET ADDRESS 2150 GOODLETTE ROAD 4TH FLOOR
CITY-ST-ZIP NAPLES FL 34102

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VSD ☐ Delete
NAME GOEHLER, JAMES L
STREET ADDRESS 2130 GOODLETTE ROAD N
CITY-ST-ZIP NAPLES FL 34102

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VASD ☒ Delete
NAME RUNDORFF, WILLIAM J
STREET ADDRESS ONE F.N.B. BLVD. 6TH FLOOR
CITY-ST-ZIP HERMITAGE PA 16148

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VP ☐ Delete
NAME MOSS, NANCY
STREET ADDRESS 2150 GOODLETTE RD N 4TH FLOOR
CITY-ST-ZIP NAPLES FL 34102

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-21-04

Date

(239) 659-7900

Daytime Phone #