

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT

1995



DEPARTMENT OF STATE

CHARLES B. SMITH

Secretary of State

1000 Washington Street, Tallahassee, Florida 32304-0001

APPROVED

AND
FILED

3 MAY 10 10:35

DOCUMENT # P93000042766 (4)

1. Corporation Name

TREASURE COAST REAL ESTATE, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Office Address	Mailing Address
8010 HARBORTOWN DR SU FT. PIERCE FL 34946 US	P O BOX 3151 FT. PIERCE FL 34948-3151 US

PRINTED WITHIN THIS SPACE

2. Principal Office of Business		3a. Date of Last Report	
21. Z8 N. CAUSEWAY DRIVE		06/16/1993	
22. SUITE #1		3b. Date of Last Report	
23. City & State		03/31/1994	
24. City		25. State	
26. City		27. State	
28. City		29. State	
30. City		31. State	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
WICKARD, CHARLES 4949 N. A1A APT. 213 FT. PIERCE FL 34949		81. Name	
		82. Street Address (P.O. Box Number is Not Acceptable)	
		83. City	
		84. State	
		85. Zip Code	

11. Pursuant to the provisions of Sections 607.05(4) 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 a natural citizen and accept the obligations of Section 607.1508 Florida Statutes.

SIGNATURE: *Charles E. Wickard* 5/6/95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. NAME	SD WICKARD, CHARLES	1. NAME	☒ Change ☐ Addition
2. STREET ADDRESS	4949 N. A1A, APT. 213	2. STREET ADDRESS	Z8 N. CAUSEWAY DRIVE STE 1
3. CITY & STATE	FT. PIERCE FL 34949	3. CITY & STATE	FT. PIERCE, FL 34946
4. NAME	P PARR, KATHRYN	4. NAME	☒ Change ☐ Addition
5. STREET ADDRESS	4949 N. A1A, APT. 213	5. STREET ADDRESS	Z8 N. CAUSEWAY DRIVE STE 1
6. CITY & STATE	FT. PIERCE FL 34949	6. CITY & STATE	FT. PIERCE, FL 34946
7. NAME		7. NAME	☐ Change ☐ Addition
8. STREET ADDRESS		8. STREET ADDRESS	
9. CITY & STATE		9. CITY & STATE	
10. NAME		10. NAME	☐ Change ☐ Addition
11. STREET ADDRESS		11. STREET ADDRESS	
12. CITY & STATE		12. CITY & STATE	
13. NAME		13. NAME	☐ Change ☐ Addition
14. STREET ADDRESS		14. STREET ADDRESS	
15. CITY & STATE		15. CITY & STATE	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 607.05(4) Florida Statutes. I further certify that the information included 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 this corporation or the holder of limited partnership interest in this corporation as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report or on an attachment with an address.

SIGNATURE: *Charles E. Wickard* 5/6/95 401 467-8038

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR