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CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
'95 AUG -9 AM 11:47

DOCUMENT # **P93000082416 (7)**

1. Corporation Name
TREASURE COAST FINANCIAL GROUP, INC.

Principal Place of Business	Mailing Address
12961 S. INDIAN RIVER DR. SUITE 100 JENSEN BEACH FL 34957-2225 US	12961 S. INDIAN RIVER DR. SUITE 100 JENSEN BEACH FL 34957-2225 US

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business 21 768 N.E. Maranta Terrado	2a. Mailing Address 26 Post Office Box 7673
Suite, Apt. #, etc. 22 Suite 100	Suite, Apt. #, etc. 27
City & State 23 Jensen Beach, Florida	City & State 28 Port St. Lucie, Florida
Zip / Country 24 34957-5021 / 25 USA	Zip / Country 29 34985-7673 / 30 USA

3. Date Incorporated or Qualified 11/22/1993	3a. Date of Last Report 08/09/1994
4. FEI Number 65-0440536	☐ 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 § 199.032, Florida Statutes ☒ Yes ☐ No	

9. Name and Address of Current Registered Agent

CARROLL, STEVEN D
768 N.E. MARANTA TERRADO
JENSEN BEACH FL 34957-5021

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

11. 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	☐ Change ☐ Addition
NAME	CARROLL, STEVEN D.	1.2 NAME	
STREET ADDRESS	768 NE MARANTA TERRADO	1.3 STREET ADDRESS	
CITY-ST-ZIP	JENSEN BCH. FL 34957-5021	1.4 CITY-ST-ZIP	
TITLE	VP	2.1 TITLE	☐ Change ☐ Addition
NAME	Randy R. Tate	2.2 NAME	
STREET ADDRESS	82 Delmar Street	2.3 STREET ADDRESS	
CITY-ST-ZIP	Jensen Beach, Florida 34957	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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)(i), 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: _____ 07/15/95 407-388-3393
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0370201 CP