FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998

DOCUMENT #

(1)

TREASURE COAST INSURANCE, INC.

Principal Place of Business

Mailing Address

FILED

Jan 21 1998 8:00am

Secretary of State

1973 OLD DIXIE 1973 OLD DIXIE													
VERO BEACH FL 32960 VERO BEACH FL 32960						DO NOT WRITE IN THIS SPACE							
					İ	3. Date Incorporated or Qualified							
						10/03/	1990						
2. Principal Place of Business 2a. Mailing Address						4. FEI Number				А	pplied For		
26 TDEAGUES 00.00						65-0218269				Not Applicable			
THEASURE COAST INSURANCE, INC. 27 1126 21st ST				PANCE	E. INC.	E Cortificate	of Status	Desired			Additional		
						J. Certificate	or oraros	Desired	<u> </u>	Fee R	equired		
City & STATE OF PEACH EL PORCE CITY & STATE OF REACH				2060	- 1	6. Election C			_		May Be		
			37a727	7-7070									
Zip	· · · · · · · · · · · · · · · · · · ·			Ø		8. This corpo							
24 25 29 30 9. Name and Address of Current Registered Agent				Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent									
					10. Name and Address of New Registered Agent								
LETTS, DANIEL D.													
1973 OLD DIXIE			82	Street	Address	(P.O. Box Nu	ımber is N	ot Acceptable	e)				
VE	ERO BEACH FL 32960		83										
İ													
			84	City					FL	85 Zip	Code		
11 Pursuant	to the provisions of Sections 607 0502	and 607 1508. Florida Statutes	the abov	e-named	1 cornors	ition submits t	nis statem	ent for the nu		changing i	ts registered		
office or i	registered agent, or both, in the State of	f Florida, Such change was aut	horized b	y the corp	poration'	's board of dir	ectors. I h	ereby accept	the app	ointment as	registered		
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	Signature, typed or printed name of registered agent	and title it applicable (NOTE: B	tenistered An	ent signature	e required w	men reinstating)			DATE				
12.	OFFICERS AND		13.	ont orginature	e requires a	.	/CHANGE	S TO OFFICE		DIBECTOR	RS IN 12		
TITLE	PTD	DELETE	1.1 TITLE				,			Change	Addition		
NAME	LETTS, DANIEL D.		1.2 NAME			А			r				
STREET ADDRESS	122 SE-24-ST		1.3 STREET ADDRESS		216	3 32≝	54. S	ω .	,				
CITY-ST-ZIP	VERO BEACH FL		1.4 CITY~ST-ZIP		Ver	o Bch	. F1.	3296	2				
TITLE		☐ DELETE	2.1 TITLE							☐ Change	Addition		
NAME	2.5		2.2 NAME										
STREET ADDRESS		2.		2.3 STREET ADDRESS									
CITY-ST-ZIP	2,		2. 4 CITY-	ST-ZIP									
TITLE			3.1 TITLE							Change	Addition		
NAME			3.2 NAME		1						-		
STREET ADDRESS			3.3 STREET	ADDRESS	1								
CITY - ST - ZIP			3.4. CITY -	ST-ZIP									
TITLE	DELETE 4:		4.1 TITLE			_		_		Change	Addition_		
NAME			4. 2 NAME										
STREET ADDRESS			4.3 STREET	ADDRESS									
CITY-ST-ZIP			4.4 CITY - S	T-ZIP									
TITLE	-	☐ DELETE	5.1 TITLE							☐ Change	Addition		
NAME			5.2 NAME										
STREET ADDRESS			5.3 STREET	ADDRESS]								
CITY-ST-ZIP			5.4 CITY-S	T-ZIP									
TITLE		DELETE	6.1 TITLE							Change	Addition		
NAME			6.2 NAME										
STREET ADDRESS			6.3 STREET	ADDRESS									
CITY-ST-ZIP		$\overline{}$	6,4 C/TY - S	T-ZIP							1		

does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information of is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an see empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in