

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR -8 PM 3:03

DOCUMENT # **J86345** (2)

1. Corporation Name
ROCHE SURETY, INC.

Principal Place of Business Mailing Address
% ARMANDO ROCHE **% ARMANDO ROCHE**
1910 ORIENT ROAD **1910 ORIENT ROAD**
TAMPA FL 33619 **TAMPA FL 33619**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **08/10/1987** 3a. Date of Last Report **04/06/1994**

4. FEI Number **59-2835007** 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**

7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent
ROCHE, ARMANDO
1910 ORIENT RD.
TAMPA FL 33619

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 constituting)

12. OFFICERS AND DIRECTORS	
TITLE	P
NAME	ROCHE, ARMANDO
STREET ADDRESS	12130 FORT KING HWY
CITY-ST-ZIP	THONOTOSASSA FL 33592
TITLE	ST
NAME	ROCHE, LINDA
STREET ADDRESS	12130 FORT KING HWY
CITY-ST-ZIP	THONOTOSASSA FL 33592
TITLE	V
NAME	LAMBERT, ANN C.
STREET ADDRESS	10205 N. 27TH ST
CITY-ST-ZIP	TAMPA FL
TITLE	V
NAME	RODRIGUEZ, GILBERT M.
STREET ADDRESS	1719 ELK SPRING DRIVE
CITY-ST-ZIP	BRANDON FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	LAMBERT, ANN C. (no longer an officer)
1.3 STREET ADDRESS	10205 N. 27TH STREET
1.4 CITY-ST-ZIP	TAMPA, FL 33612
2.1 TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	HELEN HURLBURT (new officer)
2.3 STREET ADDRESS	5251 54TH AVE. N.
2.4 CITY-ST-ZIP	ST. PETERSBURG, FL 33709
3.1 TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	SHANNON ROCHE (new officer)
3.3 STREET ADDRESS	12130 FORT KING HWY
3.4 CITY-ST-ZIP	THONOTOSASSA, FL 33592
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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)(k), 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: *Sandra Roche* Date: *3/1/95* Hydro Item #: *815-623-5042*