

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

FILED
Mar 04 1996 8:00 am
Secretary of State

DOCUMENT # **J86345** (2)

1. Corporation Name
ROCHE SURETY, INC.



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

3. Date Incorporated or Qualified: **08/10/1987**
3a. Date of Last Report: **03/08/1995**
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
8. This corporation has liability for intangible tax under s 199.032, Florida Statutes: Yes No

2. Principal Place of Business: **21 ROCHE SURETY, INC.**
2a. Mailing Address: **26 1910 ORIENT ROAD**
Suite, Apt. #, etc.:
22
City & State: **23 TAMPA, FLORIDA**
27
City & State:
24 Zip: **33619** 25 Country: **HILLSBOROUGH** 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: **LINDA ROCHE** *Linda Roche* DATE: **1/29/96**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROCHE, ARMANDO	1.2 NAME	
STREET ADDRESS	12130 FORT KING HWY	1.3 STREET ADDRESS	
CITY-ST-ZIP	THONOTOSASSA FL	1.4 CITY-ST-ZIP	
TITLE	ST <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROCHE, LINDA	2.2 NAME	
STREET ADDRESS	12130 FORT KING HWY	2.3 STREET ADDRESS	
CITY-ST-ZIP	THONOTOSASSA FL 33592	2.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HURLBURT, HELEN	3.2 NAME	
STREET ADDRESS	5251 54TH AVENUE N	3.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL	3.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RODRIGUEZ, GILBERT M.	4.2 NAME	
STREET ADDRESS	1719 ELK SPRING DRIVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	BRANDON FL	4.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROCHE, SHANNON	5.2 NAME	
STREET ADDRESS	12130 FORT KING HWY	5.3 STREET ADDRESS	
CITY-ST-ZIP	THONOTOSASSA FL	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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)(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: **LINDA ROCHE** *Linda Roche* DATE: **1/29/96** 813-623-5042
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (12/95)