

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

FILED

Apr 08 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # 018037 (2)  
1. Corporation Name  
SURETY BANK

Principal Place of Business Mailing Address  
990 N. WOODLAND BLVD. PO BOX 819  
DELAND FL 32720 DELAND FL 32721-0819  
US



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	12/13/1926	03/13/1996
22 City & State	27 City & State	4. FEI Number	Applied For
23 Zip	28 Zip	59-0580845	Not Applicable
24 Country	29 Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required
	30	<input type="checkbox"/>	\$5.00 May Be Added to Fees
		6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>
		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name	NOT REQUIRED FOR BANKS
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			
TITLE	P	<input type="checkbox"/> DELETE	
NAME	JUSTIN, KAREN J		
STREET ADDRESS	1208 WAR ADMIRAL DR		
CITY - ST - ZIP	DELAND FL 32724		
TITLE	SD	<input type="checkbox"/> DELETE	
NAME	BALDAUFF, JAMES D		
STREET ADDRESS	247 CRANOR AVENUE		
CITY - ST - ZIP	DELAND FL 32720		
TITLE	D	<input type="checkbox"/> DELETE	
NAME	BRADLEY, KENNETH E		
STREET ADDRESS	799 TORCHWOOD DR		
CITY - ST - ZIP	DELAND FL 32724		
TITLE	C/D	<input type="checkbox"/> DELETE	
NAME	TAYLOR, R. W.		
STREET ADDRESS	800 W. VOORHIS AVE.		
CITY - ST - ZIP	DELAND FL 32720		
TITLE	E.VP	<input type="checkbox"/> DELETE	
NAME	BABCOCK, GARY		
STREET ADDRESS	9770 W. HALLS RIVER ROAD		
CITY - ST - ZIP	HOMOSASSA FL 34448		
TITLE	D	<input type="checkbox"/> DELETE	
NAME	THOMAS H. LAWRENCE		
STREET ADDRESS	3830 MARSH ROAD		
CITY - ST - ZIP	DELAND FL 32724		
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
1.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY - ST - ZIP			
2.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY - ST - ZIP			
3.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY - ST - ZIP			
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 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: *Karen J. Justin* KAREN J. JUSTIN, PRESIDENT 4/3/97 (904) 734-1647  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

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ITEM 13 - ADDENDUM

7.1 TITLE	T/D
7.2 NAME	GREGORY S. JAMES
7.3 ADDRESS	800 PINE TREE COURT
7.4 CITY/ST/ZIP	DELAND FL 32724

8.1 TITLE	V
8.2 NAME	PAMELA SANBORN
8.3 ADDRESS	1114 YORKTOWN PLACE
8.4 CITY/ST/ZIP	DELAND FL 32720