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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

SURMATH, INC.

nat Place of Business	Mailing Ad

FILED Apr 24 1998 8:00am Secretary of State



Address Principa 109 FAIRWAY DRIVE 109 FAIRWAY DRIVE HAINES CITY FL 33844 HAINES CITY FL 33844 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 06/24/1963 2. Principal Place of Business 2a. Mailing Address Applied For 311 LA SEREHA 311 LA SERENA 26 59-1024942 Not Applicable Suite, Apt #, etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 6. Election Campaign Financing \$5.00 May Be WINTER HAYEN FL WINTER Trust Fund Contribution Added to Fees Country 8. This corporation owes or has paid the current year Intangible POLK POLIK Personal Property Tax due June 30. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name SURRETT, EDWARD J. 109 FAIRWAY DR. 82 SERE NA HAINES CITY FL 33844 83 84 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 BLREET C. MATHIAS
Signature, typed or pinted name of registered agent and little if applicable 5 Ect TREAL ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. TITLE DELETE 1.1 TITLE SURRETT, EDWARD J. NAME 1.2 NAME 109 FAIRWAY DRIVE 1.3 STREET ADDRESS STREET ADDRESS HAINES CITY FL 1.4 CITY - ST - ZIP CITY-ST-ZIP Change Addition DELETE TITLE 2.1 TITLE ALYGE R. SWERRAY SURRETT, ALYCE R. 2.2 NAME NAME 109 FAIRWAY DRIVE 2.3 STREET ADDRESS STREET ADDRESS Change HAINES CITY FL 2.4 CITY - ST - ZIP CITY-ST-ZIP DELETE noitibhA 3.1 TITLE TITLE MATHIAS, ALBERT C. 3.2 NAME NAME 311 LA SERENA STREET ADDRESS 3.3 STREET ADDRESS WINTER HAVEN FL 3.4. CITY - ST- ZIP CITY ST-ZIP DELETE Change Addition TITLE 4.1 TITLE MATHIAS, ALYNE 4.2 NAME 311 LA SERENA 4.3 STREET ADDRESS STREET ADDRESS WINTER HAVEN FL CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Change Addition TITLE 5.1 TITLE 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP CITY - ST - ZIP DELETE Change Addition 6.1 TITLE TITLE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS CITY - ST - ZIP

14. I 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:

4-17-48