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95 APR 24 AM 8:01

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # 664352 (2)
1. Corporation Name
SURETY UNDERWRITERS, INC.

Principal Place of Business Mailing Address
**2263 ST JOHNS AVE 2263 ST JOHNS AVE
JACKSONVILLE FL 32204 JACKSONVILLE FL 32204**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 3a. Date of Last Report
02/08/1980 02/28/1994

4. FEI Number Applied For
59-1869646 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 2a. Mailing Address
21 **2110 Herschel Street 25 2110 Herschel Street**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 27
City & State City & State
23 **Jacksonville, FL 28 Jacksonville, FL**
Zip Country Zip Country
24 **32204 25 USA 29 32204 30 USA**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**LOBRANO III, THOMAS S
2263 ST JOHNS AVE
JACKSONVILLE FL 32204**

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

Signature, typed or printed name of registered agent and (the if applicable)

(NOTE: Registered Agent signature required when constituting)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DP
NAME	LOBRANO, THOMAS S., III
STREET ADDRESS	10420 SYLVAN LANE
CITY - ST - ZIP	JACKSONVILLE FL
TITLE	D
NAME	LOBRANO, STEPHEN D.
STREET ADDRESS	121 W. FORSYTH #810
CITY - ST - ZIP	JACKSONVILLE FL
TITLE	DV
NAME	LYNCH, A. B., JR.
STREET ADDRESS	4428 COUNTRY CLUB DR
CITY - ST - ZIP	JACKSONVILLE FL
TITLE	STD
NAME	CONGELIO, JAMES C.
STREET ADDRESS	4801 NOTTINGHAM
CITY - ST - ZIP	JACKSONVILLE FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information included 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 applicable, or on an attachment with an address.

SIGNATURE:

Thomas S. Lobrano III

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Thomas S. Lobrano III

04-18-95

904-388-5002

Date

Telephone (Area #)