FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **664352** **(2)**

1. Corporation Name
SURETY UNDERWRITERS, INC.

Principal Place of Business
2110 HERSCHEL STREET
JACKSONVILLE FL 32204
US

Mailing Address
2110 HERSCHEL STREET
JACKSONVILLE FL 32204
US

3. Date Incorporated or Qualified **02/08/1980**

3a. Date of Last Report **04/24/1995**

4. FEI Number **59-1969646** ☐ 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
22 Suite, Apt. #, etc.
23 City & State
24 Zip 25 County

2a. Mailing Address
26
27 Suite, Apt. #, etc.
28 City & State
29 Zip 30 County

9. Name and Address of Current Registered Agent

LORBANO III, THOMAS S
2263 ST JOHNS AVE
JACKSONVILLE FL 32204

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 (Required if Agent is changing) DATE

12. OFFICERS AND DIRECTORS

11 TITLE	**DP**	☐ DELETE
12 NAME	**LOBRANO, THOMAS S., III**	
13 STREET ADDRESS	**10420 SYLVAN LANE**	
14 CITY, ST, ZIP	**JACKSONVILLE FL**	
21 TITLE	**D**	☐ DELETE
22 NAME	**LOBRANO, STEPHEN D.**	
23 STREET ADDRESS	**121 W. FORSYTH #810**	
24 CITY, ST, ZIP	**JACKSONVILLE FL**	
31 TITLE	**DV**	☐ DELETE
32 NAME	**LYNCH, A. B., JR.**	
33 STREET ADDRESS	**4426 COUNTRY CLUB DR**	
34 CITY, ST, ZIP	**JACKSONVILLE FL**	
41 TITLE	**STD**	☐ DELETE
42 NAME	**CONGELIO, JAMES C.**	
43 STREET ADDRESS	**4601 NOTTINGHAM**	
44 CITY, ST, ZIP	**JACKSONVILLE FL**	
51 TITLE		☐ DELETE
52 NAME		
53 STREET ADDRESS		
54 CITY, ST, ZIP		
61 TITLE		☐ DELETE
62 NAME		
63 STREET ADDRESS		
64 CITY, ST, ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE		☐ Change ☐ Addition
12 NAME		
13 STREET ADDRESS		
14 CITY, ST, ZIP		
21 TITLE		☐ Change ☐ Addition
22 NAME		
23 STREET ADDRESS		
24 CITY, ST, ZIP		
31 TITLE		☐ Change ☐ Addition
32 NAME		
33 STREET ADDRESS		
34 CITY, ST, ZIP		
41 TITLE		☐ Change ☐ Addition
42 NAME		
43 STREET ADDRESS		
44 CITY, ST, ZIP		
51 TITLE		☐ Change ☐ Addition
52 NAME		
53 STREET ADDRESS		
54 CITY, ST, ZIP		
61 TITLE		☐ Change ☐ Addition
62 NAME		
63 STREET ADDRESS		
64 CITY, ST, ZIP		

CR2E034 (12/95)

14. To the best of my knowledge, this information is complete, which for filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this 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 with an address, with an arrow, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #