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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 664352

(2)

SURETY UNDERWRITERS, INC.

FILED Apr 11 1997 8:00am Secretary of State



	tace of Business	Mailing Address			1 HOOLIG QUALE BAND DINGG KAND DINGG LIST I	TUBUL BIBRE BIBRE BROTT &	VARAT BIBLI LODI
	CHEL STREET	2110 HERSCHEL STREET	r				
JACKSONVILLE FL 32204 JACKSONVILL			E FL 32204-3820				
US		US			3. Date Incorporated or Qualified 02/08/1980	3a. Date of La:	
2. Prinaga	al Place of Business	2a. Mailing Address			4. FEI Number		Applied For
21		26			59-1969646		Not Applicable
22	vpt #, etc	Suite, Apt #, etc.			5. Certificate of Status Desired		75 Additional e Required
City & S 23	State	City & State			Election Campaign Financing Trust Fund Contribution		00 May Be led to Fees
Ziρ	Country	Zφ		untry	8. This corporation has liability for in		er s. 199.032,
24	25]	29	30	·		Yes No	
	g, Name and Address of Currer	nt Hegistered Agent		81 Name	10. Name and Address of New Reg	Jistered Agent	
	ORBANO III, THOMAS S	01		I IVanie			
		ess Change)			iress (P.O. Box Number is Not Acceptab	le)	
JA	ACKSONVILLE FL 32204			83	Herschel Street		
				84 City			Zip Code
11 Pursus	aut to the provisions of Sections 607.050	12 and 607 1508 Florida Statu	utes the a		sonville poration submits this statement for the pro-		32204
office o	or registered agent, or both, in the State	e of Florida. Such change was	s authorize	d by the corpora	tion's board of directors. I hereby accep		
agent.	I am familiar with, and accept the oblig	jations of, Section 607.0505, F	Florida Sta	tutes.			
SIGNATUR	Enclaration legacitics product from each requisition diag	at modeth et serrinostin Att	CATE - Ex cointers	ed Agent signature requi	lied when coincitaling	DATE	
12.		ID DIRECTORS	13.	au Agent signatura requi	ADDITIONS/CHANGES TO OFFIC		TORS IN 12
: L ^c	DP CATIOCAL A	DELETE	1.171	IILE	ADDITIONO/OFFACES TO OFFICE	☐ Chan	
NAM:	LOBRANO, THOMAS S., III		1.2 N				-
SIBLET ADDRES	ANANA MULUANI LAND			TREET ADDRESS			
C TY-ST 20P	JACKSONVILLE FL			CITY-SI-ZIP	•		
TITLE	D	DELETE	2.1 11			Chan	nge Additio
NAME	LOBRANO, STEPHEN D.		2.2 N			Barri	
SPECIAL ADDRES	404 BL PODOVILL 4040						
STATE AUGINE	:33 121 111 0110 111 2010		225	1	t.		
Other C1 346	JACKSONMILLE FI			TREET ADDRESS			
CHY-SI-ZIE	JACKSONMLLE FL	□ DELETE	2 4 (TREET ADDRESS City-St-Zip	.4:	Char	ipe Additio
101	DV	DELETE	, 2 4 (3 1 Ti	CITY-ST-ZIP		Char	nge Additio
1 IVE NAME	DV LYNCH, A. B., JR.	DELETE	, 2 4 (3 1 TI 3 2 N	STREET ADDRESS CITY - ST - ZIP ITLE IAME		Char	ige Additio
1 IEF NAME STREET ADDRE	LYNCH, A. B., JR. 4426 COUNTRY CLUB DR	DELETE	. 2 4 (31 Ti 32 N 33 S	STREET ADDRESS CITY-ST-ZIP ITLE IAME STREET ADDRESS	. .	Char	nge Addition
1 DE NAME STREET ADDRES CITY ST-269	LYNCH, A. B., JR. 4426 COUNTRY CLUB DR JACKSONVILLE FL		. 2 4 (31 Ti 32 N 33 S	CITY-ST-ZIP ITLE IAME STREET ADDRESS CITY-ST-ZIP	<u></u>		
1 HE NAME STREET ADDRES CHY SL-ZEP THEE	SSS LYNCH, A. B., JR. 4426 COUNTRY CLUB DR JACKSONVILLE FL STD	DELETE	2 4 (31 Ti 32 N 33 S 34 (4.1 Ti	TREET ADDRESS CITY - ST - ZIP ITLE JAME JURET ADDRESS CITY - ST - ZIP ITLE	<i>-</i>	Char	
1 DE NAME STREET ADDRE CITY ST-762 THEE NAME	DV LYNCH, A. B., JR. 4426 COUNTRY CLUB DR JACKSONVILLE FL STD CONGELIO, JAMES C.		. 2 4 (31 Ti 32 N 33 S 34 (4.1 Ti 4.2 M	TREET ADDRESS CITY - ST - ZIP ITLE IAME STREET ADDRESS CITY - ST - ZIP ITLE ITLE NAME			
THE NAME STREET ADDRESS NAME STREET ADDRESS NAME STREET ADDRESS NAME STREET ADDRESS NAME NAME NAME NAME NAME NAME NAME NAME	DV LYNCH, A. B., JR. 4426 COUNTRY CLUB DR JACKSONVILLE FL STD CONGELIO, JAMES C. 4601-NOTTINGHAM		2 4 (31 Ti 32 N 33 S 34 (4.1 Ti 4.2 f 4.3 S	TREET ADDRESS CITY-ST-ZIP ITLE IAME STREET ADDRESS CITY-ST-ZIP ITLE NAME STREET ADDRESS	1849 Seminole Road	₺ Char	
THE NAME STREET ADDRESS TREET ADDRESS NAME STREET ADDRESS COLY STARREST ADDRESS COLY STARREST ADDRESS NAME AND ADDRESS NAME ADDRESS NAM	DV LYNCH, A. B., JR. 4426 COUNTRY CLUB DR JACKSONVILLE FL STD CONGELIO, JAMES C.	☐ DELETE	2 4 0 31 TI 32 N 33 S 34 0 4.1 TI 4.2 M 4.3 S 4.4 C	TREET ADDRESS CITY - ST - ZIP ITLE IAMME STREET ADDRESS CITY - ST - ZIP ITLE NAME STREET ADDRESS STREET ADDRESS	1849 Seminole Road	& Char 220 5	nge 🔲 Addition
THE NAME STREET ADDRESS. CHY. \$1-762 THEE NAME STREET ADDRESS. CHY. \$1-202 THEE THEE THEE THEE THEE THEE THEE THE	DV LYNCH, A. B., JR. 4426 COUNTRY CLUB DR JACKSONVILLE FL STD CONGELIO, JAMES C. 4601-NOTTINGHAM		2 4 0 31 TI 32 N 33 S 34 0 4.1 TI 4.2 f 4.3 S 44 C 5.1 TI	TREET ADDRESS CITY-ST-ZIP ITLE IAME STREET ADDRESS CITY-ST-ZIP ITLE NAME STREET ADDRESS ADDRESS ADDRESS ADDRESS ATY-ST-ZIP ITLE	1849 Seminole Road	₺ Char	nge 🔲 Addition
THE NAME STREET ADDRESS TREET ADDRESS TREET ADDRESS TO THE TAIL ADDRESS TO THE TAIL ADDRESS TO THE TAIL ANAME ANAME ADDRESS TO THE TAIL ANAME ADDRESS TO THE TAIL ANAME ADDRESS TO THE TAIL ANAME ANAME ADDRESS TO THE TAIL ANAME ADDRESS TO THE TAIL ANAME ADDRESS TO THE TAIL ANAME ANAME ADDRESS TO THE TAIL ANAME ANAME ADDRESS TO THE TAIL ANAME ANAME ANAME ADDRESS TO THE TAIL ANAME ANAM	DV LYNCH, A. B., JR. 4426 COUNTRY CLUB DR JACKSONVILLE FL STD CONGELIO, JAMES C. 4601 NOTTINGHAM JACKSONVILLE FL	☐ DELETE	2 4 6 31 TI 32 N 33 S 34 6 4.1 TI 4.2 N 4.3 S 4.4 C 5.1 TI 5.2 N	TREET ADDRESS CITY-ST-ZIP ITLE IAME STREET ADDRESS CITY-ST-ZIP ITLE NAME STREET ADDRESS XITY-ST-ZIP ITLE	1849 Seminole Road	& Char 220 5	nge 🔲 Addition
THE NAME STREET ADDRESSES AVES THE ADDRESS ADDRESS AND AVES AVES AVES AVES AVES AVES AVES AVES	DV LYNCH, A. B., JR. 4426 COUNTRY CLUB DR JACKSONVILLE FL STD CONGELIO, JAMES C. 4601 NOTTINGHAM JACKSONVILLE FL	☐ DELETE	2 4 6 31 TI 32 N 33 S 34 6 4.1 TI 4.2 N 4.3 S 4.4 C 5.1 TI 52 N 5.3 S	TREET ADDRESS CITY-ST-ZIP ITLE IAMME STREET ADDRESS CITY-ST-ZIP ITLE NAME STREET ADDRESS CITY-ST-ZIP ITLE NAME STREET ADDRESS CITY-ST-ZIP ITLE IAMME STREET ADDRESS STREET ADDRESS	1849 Seminole Road	& Char 220 5	nge 🔲 Addition
THE NAME STREET ADDRESS OF STATE TABLES OF TAB	DV LYNCH, A. B., JR. 4426 COUNTRY CLUB DR JACKSONVILLE FL STD CONGELIO, JAMES C. 4601 NOTTINGHAM JACKSONVILLE FL	DELETE	2 4 (31 TI 32 N 33 S 34 (4.1 TI 4.2 N 4.3 S 4.4 C 5.1 TI 52 N 5.3 S 5.4 C	TREET ADDRESS CITY-ST-ZIP ITLE IAMME STREET ADDRESS CITY-ST-ZIP ITLE NAME STREET ADDRESS CITY-ST-ZIP ITLE ITLE ITLE ITLE ITLE ITLE ITLE ITLE	1849 Seminole Road	& Char 2205	nge Addition
THE NAME STREET ADDRESSES AVES THE PROPERTY SEARCH ADDRESSES AND PROPERTY SEARCH ADDRESSES AVES AVES AVES AVES AVES AVES AVES	DV LYNCH, A. B., JR. 4426 COUNTRY CLUB DR JACKSONVILLE FL STD CONGELIO, JAMES C. 4601 NOTTINGHAM JACKSONVILLE FL	☐ DELETE	2 4 6 31 Til 32 N 33 S 34 6 4.1 Til 4.2 P 4.3 S 4.4 C 5.1 Til 52 N 5.3 S 5.4 C 6.1 Til	TREET ADDRESS CITY-ST-ZIP ITLE IAMME STREET ADDRESS CITY-ST-ZIP ITLE NAME STREET ADDRESS CITY-ST-ZIP ITLE ITREET ADDRESS CITY-ST-ZIP ITLE ITREET ADDRESS CITY-ST-ZIP ITLE ITREET ADDRESS CITY-ST-ZIP ITLE	1849 Seminole Road	& Char 220 5	nge Addition
THE NAME STREET ADDRESSING ET	DV LYNCH, A. B., JR. 4426 COUNTRY CLUB DR JACKSONVILLE FL STD CONGELIO, JAMES C. 4601 NOTTINGHAM JACKSONVILLE FL	DELETE	2 4 0 31 Til 32 N 33 S 34 0 41 Til 4.2 S 4.3 S 4.4 C 5.1 Til 52 N 5.3 S 5.4 C 6.1 Til 6.2 N	TREET ADDRESS CITY-ST-ZIP ITLE IAMME STREET ADDRESS CITY-ST-ZIP ITLE NAME STREET ADDRESS CITY-ST-ZIP ITLE IAMME IAMME STREET ADDRESS CITY-ST-ZIP ITLE IAMME STREET ADDRESS CITY-ST-ZIP ITLE IAMME	1849 Seminole Road	& Char 2205	nge Addition
THE NAME STREET ADDRESSES AVES THE PROPERTY SEARCH ADDRESSES AND PROPERTY SEARCH ADDRESSES AVES AVES AVES AVES AVES AVES AVES	DV LYNCH, A. B., JR. 4426 COUNTRY CLUB DR JACKSONVILLE FL STD CONGELIO, JAMES C. 4601 NOTTINGHAM JACKSONVILLE FL	DELETE	2 4 0 31 Til 32 N 33 S 34 0 4.1 Til 4.2 N 4.3 S 4.4 C 5.1 Til 52 N 5.3 S 5.4 C 6.1 Til 6.2 N 6.3 S	TREET ADDRESS CITY-ST-ZIP ITLE IAMME STREET ADDRESS CITY-ST-ZIP ITLE NAME STREET ADDRESS CITY-ST-ZIP ITLE ITREET ADDRESS CITY-ST-ZIP ITLE ITREET ADDRESS CITY-ST-ZIP ITLE ITREET ADDRESS CITY-ST-ZIP ITLE	1849 Seminole Road	& Char 2205	nge Addition

1. For hereby certify that the information supplied with this fling does not qualify for the exemption stated in Section 119.07(3)(j), 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 Lam an officer or director of this objects of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 of Block 13 if the objects or on an attachment with an address.

SIGNATURE:

PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

4/7/97

904-388-500