

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

**FILED**  
**Apr 11 1997 8:00am**  
**Secretary of State**



PROFIT CORPORATION  
 ANNUAL REPORT  
**1997**

FLORIDA DEPARTMENT OF STATE  
**Sandra B. Morham**  
 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 32204-3820  
 US**

3. Date Incorporated or Qualified **02/08/1980**      3a. Date of Last Report **02/15/1996**

2. Principal Place of Business

2a. Mailing Address

4. FEI Number **59-1969646**      Applied For  
 Not Applicable

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

22 City & State

27 City & State

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

23 Zip

25 Country

28 Zip

30 Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ORBANO III, THOMAS S**  
**2263 ST JOHNS AVE** (address Change)  
**JACKSONVILLE FL 32204**

81 Name  
 82 Street Address (P.O. Box Number is Not Acceptable)  
**2110 Herschel Street**  
 83  
 84 City **Jacksonville** **FL** 85 Zip Code **32204**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                 |                         |                                 |
|-----------------|-------------------------|---------------------------------|
| TITLE           | DP                      | <input type="checkbox"/> DELETE |
| NAME            | LOBRANO, THOMAS S., III |                                 |
| STREET ADDRESS  | 10420 SYLVAN LANE       |                                 |
| CITY - ST - ZIP | JACKSONVILLE FL         |                                 |
| TITLE           | D                       | <input type="checkbox"/> DELETE |
| NAME            | LOBRANO, STEPHEN D.     |                                 |
| STREET ADDRESS  | 121 W. FORSYTH #810     |                                 |
| CITY - ST - ZIP | JACKSONVILLE FL         |                                 |
| TITLE           | DV                      | <input type="checkbox"/> DELETE |
| NAME            | LYNCH, A. B., JR.       |                                 |
| STREET ADDRESS  | 4426 COUNTRY CLUB DR    |                                 |
| CITY - ST - ZIP | JACKSONVILLE FL         |                                 |
| TITLE           | STD                     | <input type="checkbox"/> DELETE |
| NAME            | CONGELIO, JAMES C.      |                                 |
| STREET ADDRESS  | 4801 NOTTINGHAM         |                                 |
| CITY - ST - ZIP | JACKSONVILLE FL         |                                 |
| TITLE           |                         | <input type="checkbox"/> DELETE |
| NAME            |                         |                                 |
| STREET ADDRESS  |                         |                                 |
| CITY - ST - ZIP |                         |                                 |
| TITLE           |                         | <input type="checkbox"/> DELETE |
| 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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME            |  |
| 4.3 STREET ADDRESS  | 1849 Seminole Road   |
| 4.4 CITY - ST - ZIP | Jacksonville, FL 32205   |
| 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: **THOMAS S. ORBAN III**      4/7/97      904-388-5002  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E034 (9/96)