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PROFIT CORPORATION ANNUAL REPORT



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

1996

SIGNATURE:

DOCUMENT # **F83554** 

(8)

| FLORIDA SURETY & INSURANCE AGENCY, INC.  |  |  |  |   |  |   |  |  |
|--|--|--|--|---|--|---|--|--|
| Principal Place of Business Mailing Address  229 BEVERLY PKWY. (PENSACOLA. Ft. 32506) 229 BEVERLY PKWY. (PI P.O. BOX 17308 P.O. BOX 17308  |  |  |  | 32505)  |  |   |  |  |
| PENSACOLA FL 32522   |  | PENSACOLA FL 325.  | PENSACOLA FL 32522   |   | 3. Date Incorporated or Qualified 06/01/1982 | 3a. Date of Last Report 03/17/1995                    |  |  |
|  | <del>_</del>   | 2a. Mailing Address  |  |   | 4. FE! Number                                |   | <u> </u>                               | pplied For                                   |
| Principal Plac   | e of Business  | 26 Mailing Address   |  |   | 59-2195621                                   |   | <u> </u>                               | lot Applicable                               |
| Suite, Apt. #,   | elc  | Suite, Apt. #, etc.  |  |   |  |   | \$8.75                                 | Additional                                   |
| Carro, Figure 11,  |  | 27   |  |   | 5. Certificate of Status Desired             |   | Fee R                                  | equired                                      |
| City & State   | 1. 4. A.   | City & State   |  |   | 6. Election Campaign Financing               |   |  | May Be                                       |
|  |  | 28   |  |   | Trust Fund Contribution                      |   |  | to Fees                                      |
| Zip  | Country  | Zφ   | Country<br>30  |   | 8. This corporation has liability for i      | intangible ta<br>\\ No                                | ix under s                             | 199.032,                                     |
|  | 9. Name and Address of Currer  | 29 Agent   | [30]   |   | 10. Name and Address of New R                |   | Agent                                  |  |
|  | 9. Name Bild Address of Corre  | it negistered Agent  | 81 N   | lame  |  |   |  |  |
|  | L OUVILLO D  |  |  |   | ess (P.O. Box Number is Not Acceptab         | 401   |  |  |
|  | i, phyllis d.<br>'Erly pkwy  |  | 82 S   | treet Adore   | ess (F)O, Box Number is Not Acceptab         | ne)   |  |  |
|  | OLA FL 32505   |  | 83   | •   |  |   |  |  |
| FEHOAU   | OLA I E SESSO  |  | 100  |   |  |   | 85 Zip                                 | Code   |
|  |  |  | 84 C   | ity   |  | FL  | , <b>  63</b>   24                     | COUE   |
| or registere<br>familiar with<br>GNATURE   | the provisions of Sections 607.0502<br>d agent, or both, in the State of Flori<br>i, and accept the obligations of, Sect   | ida. Such change was author<br>tion 607.0505, Florida Statule  | nzed by the corporal<br>es.  | tion 5 doar   |  |   |  |  |
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GNING OFFICER OR DIRECTOR

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