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May 13 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # F83554 (8)
1. Corporation Name
FLORIDA SURETY & INSURANCE AGENCY, INC.



Principal Place of Business
229 BEVERLY PKWY. (PENSACOLA, FL 32505)
P.O. BOX 17308
PENSACOLA FL 32522

Mailing Address
229 BEVERLY PKWY. (PENSACOLA, FL 32505)
P.O. BOX 17308
PENSACOLA FL 32522-7308

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

06/01/1982

3a. Date of Last Report

04/19/1996

4. FEI Number

59-2195621

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

9. Name and Address of Current Registered Agent

GODWIN, PHYLLIS D.
229 BEVERLY PKWY
PENSACOLA FL 32505

10. Name and Address of New Registered Agent

81 Name PHYLLIS GODWIN-WOODBURN
82 Street Address (P.O. Box Number is Not Acceptable)
229 BEVERLY PKWY
83
84 City Pensacola FL 85 Zip Code 32505

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, if applicable,

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE STP
NAME GODWIN, PHYLLIS D.
STREET ADDRESS 229 BEVERLY PKWY
CITY-ST-ZIP PENSACOLA FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P ST
1.2 NAME WOODBURN, PHYLLIS GODWIN-
1.3 STREET ADDRESS 229 BEVERLY PKWY
1.4 CITY-ST-ZIP PENSACOLA, FL 32505

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
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 *Phyllis Godwin-Woodburn* Phyllis Godwin-Woodburn 04/13/97 428-1403

CR2E034 (9/96)