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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F96000001895 (9)

SRI/SURECO, INC.

Principal Place of Business Mailing Address 310 HWY 341 S. 310 HWY 341 S. FT VALLEY GA 31030 FT VALLEY GA 31030 3a. Date of Last Report 3. Date Incorporated or Qualified 04/16/1996 2. Principal Place of Business 4. FEI Number 2a. Mailing Address Applied For 58-1699521 Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Country Country Zio 8. This corporation has liability for intangible tax under s. 199.032, 29 Yes No 24 25 30 Florida Statutes 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name DEMARE, WILLIAM J 10012 N. DALE MABRY, SUITE 221 Street Address (P.O. Box Number is Not Acceptable) **TAMPA FL 33618** 83 City 84 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, typical or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12 OFFICERS AND DIRECTORS 13. DELETE Change Addition 1.1 TITLE TITLE VANSANT, DAVID K NAME 1.2 NAME 310 HWY 341 S. STHEET ADDRESS 1.3 STREET ADDRESS FT VALLEY GA 31030 City-St-Zif 1.4 CITY-ST-ZIP DELETE Change Addition 2.1 TITLE THLE LAW, BENJAMIN F 2.2 NAME NAME 310 HWY 341 S. STREET ADDRESS 2.3 STREET ADDRESS FT VALLEY GA 31030 CHY-S7-ZIP 2.4 CITY-ST-ZIP DELETE Change ___ Addition TITLE VCP 3.1 TITLE DEMARE, WILLIAM J 3.2 NAME NAMÉ 10012 N. DALE MABRY, SUITE 221 STREET ADDRESS **33 STREET ADDRESS TAMPA FL 33618** CITY - \$1 - ZIF 3.4. CITY - ST - ZIP DELETE Change Addition THLE 4.1 TITLE BAILEY, D. DAVID 4. 2 NAME NAME 10012 N. DALE MABRY, SUITE 221 4.3 STREET ADDRESS STREET ADDRESS **TAMPA FL 33618** C(1 Y - S1 - 2)F 4.4 CITY-ST-ZIP DELETE Change ■ Addition 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS CITY - \$1 - 7IP 5.4 CITY-ST-ZIP DELETE 6 1 TITLE Change Addition TILLE fi 2 NAME NAME STREET AODRESS **63 STREET ADDRESS**

6.4 CiTY - ST - ZiP

SIGNATURE:

CITY-ST-ZIP

SIGNALUME REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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. 9128253351

FILED

Apr 21 1997 8:00am

Secretary of State

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