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CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUL 18 AM 8:30

DOCUMENT # **K98354** **(9)**

1. Corporation Name
SURPET PROPERTIES, INC.

Principal Place of Business	Mailing Address
C/O BETTY ANN PETTIT 2414 61ST ST., E. PALMETTO FL 34221 US	C/O BETTY ANN PETTIT P. O. BOX 570 ELLENTON FL 34222 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 06/27/1989
3a. Date of Last Report: 08/08/1994

2. Principal Place of Business	2a. Mailing Address
21 3304 ELM ST.	26 P.O.Box 570
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: ELLENTON, FL.	28 City & State: Ellenton, FL.
24 Zip: 34222 25 County: MANATEE	29 Zip: 34222 30 County: MANATEE

4. FEI Number: 65-0143389 ☐ 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	10. Name and Address of New Registered Agent
PETTIT, BETTY ANN 2414 61ST ST., E. #7 PALMETTO FL 34221	81 Name 82 Street Address (P.O. Box Number is Not Acceptable): 3304 ELM ST. 83 84 City: ELLENTON, FL 85 Zip Code: 34222

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 _____ DATE _____
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE	PRESIDENT - DIRECTOR	☑ Change ☐ Addition
NAME	PETTIT, BETTY ANN	12 NAME	BETTY ANNE PETTIT	
STREET ADDRESS	4403 - 7TH ST. E.	13 STREET ADDRESS	3304 ELM ST.	
CITY-ST-ZIP	ELLENTON FL	14 CITY-ST-ZIP	ELLENTON FL. 34222	
TITLE	D	21 TITLE	SEC'Y - TREAS. DIRECTOR	☐ Change ☐ Addition
NAME	SURLES, BEVERLY J.	22 NAME		
STREET ADDRESS	806 NANCY GAMBLE LN.	23 STREET ADDRESS		
CITY-ST-ZIP	ELLENTON FL	24 CITY-ST-ZIP		
TITLE		31 TITLE		☐ Change ☐ Addition
NAME		32 NAME		
STREET ADDRESS		33 STREET ADDRESS		
CITY-ST-ZIP		34 CITY-ST-ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Betty Anne Pettit - President 7-13-95 (941) 729-1332
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0454786 FP