

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

FILED
Mar 10 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # L73127 (7)
1. Corporation Name
SURETY CASUALTY INC.

Principal Place of Business 12030 74TH AVENUE NORTH SEMINOLE FL 34642 US	Mailing Address 12030 74TH AVENUE N SEMINOLE FL 34642 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/14/1990	
21	Suite, Apt. #, etc.	26	12030 74TH AVENUE N.	4. FEI Number 59-3008933	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23	Zip	28	SEMINOLE FL	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24	Country	29	33772	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
25		30	PINELLAS	10. Name and Address of New Registered Agent	

HAGER, ROBERT J.
12030 74TH AVENUE NORTH
SEMINOLE FL 34642

81	Name HAGER ROBERT J.
82	Street Address (P.O. Box Number is Not Acceptable) 12030 74TH AVENUE NORTH
83	
84	City SEMINOLE
85	Zip Code FL 33772

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 fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	
NAME	HAGER, ROBERT J.	1.2 NAME	
STREET ADDRESS	12030 74TH AVE N	1.3 STREET ADDRESS	
CITY-ST-ZIP	SEMINOLE FL	1.4 CITY-ST-ZIP	
TITLE	DVP	2.1 TITLE	
NAME	HAGER, CAROL S.	2.2 NAME	
STREET ADDRESS	12030 74TH AVE N	2.3 STREET ADDRESS	
CITY-ST-ZIP	SEMINOLE FL	2.4 CITY-ST-ZIP	
TITLE	S	3.1 TITLE	
NAME	HAGER, BRIAN J	3.2 NAME	
STREET ADDRESS	12030 74TH AVENUE N	3.3 STREET ADDRESS	
CITY-ST-ZIP	SEMINOLE FL	3.4 CITY-ST-ZIP	
TITLE	AV	4.1 TITLE	
NAME	PEIF, RICHARD T JR.	4.2 NAME	
STREET ADDRESS	12030 74TH AVEN N	4.3 STREET ADDRESS	
CITY-ST-ZIP	SEMINOLE FL	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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: *Robert J. Hager* ROBERT J. HAGER

3-4-98 813-399-9792

Date

Daytime Phone

0404240

CR2E034 (10/97)