

FILED
Mar 11, 1999 8:00 am
Secretary of State

03-11-1999 90076 035 ***150.00

**PROFIT
 CORPORATION
 ANNUAL REPORT
 1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # M94137

1. Corporation Name
SURETY SPECIALISTS, INC.

Principal Place of Business
**4311 WEST WATERS AVE., STE 501
 TAMPA FL 33614**

Mailing Address
**4311 WEST WATERS AVE., STE 501
 TAMPA FL 33614**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/12/1988

4. FEI Number

65-0068123

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Election Campaign Financing ☐

**\$5.00 May Be
 Added to Fees**

8. This corporation owes the current year intangible
 Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country

9. Name and Address of Current Registered Agent

**WILLIAMS, JOSEPH M.
 4311 WEST WATERS AVE., STE 501
 SUITE 401
 TAMPA FL 33614**

10. Name and Address of New Registered Agent

81 Name **EDWARD J. EDENFIELD IV**
 82 Street Address (P.O. Box Number is Not Acceptable)
4311 W. WATERS AVE. #401
 83
 84 City **TAMPA** **FL** 85 Zip Code **33614**

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input type="checkbox"/> DELETE
NAME	WILLIAMS, FRANCIS M.	
STREET ADDRESS	1501 SECOND AVENUE	
CITY-ST-ZIP	TAMPA FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	WILLIAMS, JOSEPH M.	
STREET ADDRESS	4311 W WATERS AVE #501	
CITY-ST-ZIP	TAMPA FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	BLACK, CAROL S	
STREET ADDRESS	4311 W. WATERS AVE., STE 501	
CITY-ST-ZIP	TAMPA FL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	EDENFIELD, EDWARD J. IV	
STREET ADDRESS	4311 WEST WATERS AVE., SUITE 401	
CITY-ST-ZIP	TAMPA FL 33614	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	WILLIAMS, JOSEPH M.
2.3 STREET ADDRESS	4311 W. WATERS AVE. SUITE 401
2.4 CITY-ST-ZIP	TAMPA, FL 33614
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	BLACK, CAROL S.
3.3 STREET ADDRESS	4311 W. WATERS AVE. SUITE 401
3.4 CITY-ST-ZIP	TAMPA, FL 33614
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/8/99

Date

(813) 889-4019

Daytime Phone #

CR2E034 (1/198)