FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P93000007632 (1)**

1. Corporation Name
SURETY ASSOCIATES, INC.

Principal Place of Business
2110 HERSCHEL STREET
JACKSONVILLE FL 32204
US

Mailing Address
2110 HERSCHEL STREET
JACKSONVILLE FL 32204
US

3. Date Incorporated or Qualified **01/25/1993**

3a. Date of Last Report **04/25/1995**

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

4. FEI Number **59-3160739** ☐ 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

LOBRANO, THOMAS S III
2263 ST JOHNS AVE
JACKSONVILLE FL 32204

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 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. The 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

12. OFFICERS AND DIRECTORS

D
LOBRANO, THOMAS S III
2263 ST JOHNS AVE
JACKONVILLE FL 32204
☐ DELETE

D
CONGELIO, JAMES C
2263 ST JOHNS AVE
JACKSONVILLE FL 32204
☐ DELETE

☐ DELETE
☐ DELETE
☐ DELETE
☐ DELETE
☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

71 TITLE
72 NAME
73 STREET ADDRESS
74 CITY-ST-ZIP
☐ Change ☐ Addition

75 TITLE
76 NAME
77 STREET ADDRESS
78 CITY-ST-ZIP
☐ Change ☐ Addition

79 TITLE
80 NAME
81 STREET ADDRESS
82 CITY-ST-ZIP
☐ Change ☐ Addition

83 TITLE
84 NAME
85 STREET ADDRESS
86 CITY-ST-ZIP
☐ Change ☐ Addition

87 TITLE
88 NAME
89 STREET ADDRESS
90 CITY-ST-ZIP
☐ Change ☐ Addition

91 TITLE
92 NAME
93 STREET ADDRESS
94 CITY-ST-ZIP
☐ Change ☐ Addition

14. I, [illegible], 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 with the correct title(s) and address.

SIGNATURE:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (12/95)