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PROFIT
CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # P94000041236 (8)

STEVE ROBERTS SURETY SERVICES, INC.

## FILED Apr 30 1997 8:00am Secretary of State



Principal Place o	of Business	Mailing A	ddress	···			ONIN OLDON SKOLO KIDON IN	
1757 ST. MARY AVENUE 1757 ST. MARY AVENUE PENSACOLA FL 32501 PENSACOLA FL 32501-1				41				
, ,						3. Date Incorporated or Qualified 05/25/1994	3a. Date of Last 06/20/1996	Report
2. Poncipal Plac	ce of Business	2a. Mailin	g Address			4. FEI Number		opplied For
21		26				59-3267693	1	lot Applicable
Suite, Apt.#.	etc	Suite,	Apt. #, etc.			5. Certificate of Status Desired		Additional Required
City & State			State		· · · · · · · · · · · · · · · · · · ·	Election Campaign Financing     Trust Fund Contribution		May Be I to Fees
Zip	Country	Zιp		Cou	ntry	B. This corporation has liability for i		s. 199.032,
4	25	29		30		1101100 0101010	Yes No	
	9. Name and Address of Curr	rent Registered	Agent			10. Name and Address of New Re	Jistered Agent	
CHAS	E, JAMES L				81 Name			
101 E GOVERNMENT STREET PENSACOLA FL 32501				:	82 Street Add	dress (P.O. Box Number is Not Acceptable)		
PENS	ACOLA PL 32001				83			
					84 City		FL 85 Zip	Code
,			6 50 11 60 1	No. 10-1-1		poration submits this statement for the p tion's board of directors. I hereby accep	FL	ite registered
CICNIATURE	lyn care type a se planted name of registered		able. (NO		d Agent signature requ		DATE	
	PD		DELETE	1,1 11	TLE		☐ Change	
	ROBERTS, STEVE			1.2 N	AME			
	1757 ST MARY AVE			1.3 S	TREET ADDRESS			
OTY-ST-ZIP	PENSACOLA FL			1.4 C	ITY - ST - ŽIP			
TITLE	STD		DELETE	2.1 Ti	TLE		[_] Change	Addition
NAME	ROBERTS, RENEE			2.2 N	AME			
SUBSELL ADDRESS	1757 ST MARY AVE			2.3 \$	TREET ADDRESS			
CHY+\$1+70F	PENSACOLA FL							
	and the second s			2.40	CITY-ST-ZIP			4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4
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1 TEF NAME STREET ADDRESS OF YEST - Zer THEF			DELETE	31Ti 32 N 33 S 3.4. C 4.1 Ti	OTLE AME TREET ADDRESS CITY- ST-ZIP			
TITEF NAME STHE: LADDRESS CUTY-ST-7-1 TITLE NAME				31 Ti 32 N 33 S 34 C 41 Ti 4. 2 N	ITLE AME TREET ADDRESS CITY- ST-ZIP ITLE NAME		>-;	
1 TEF NAME STREET ADDRESS OF YESTERS THE				31Ti 32N 33S 34.0 4.1Ti 4.2F	ITLE AME TREET ADDRESS CITY-ST-ZIP ITLE NAME TREET ADDRESS		>-;	
LITEF NAME STREET ADDRESS GLY-SI- 7 LILE NAME STREET ADDRESS GLY-SI- 2			DELETE	31 TI 32 N 33 S 34 C 4.1 TI 4.2 P 4.3 S 4.4 C	ITLE AME TREET ADDRESS CITY-ST-ZIP ITLE NAME TREET ADDRESS		Change	e Addition
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1. I do he eby certify that the information surflied with this fling door of qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information and caused on this annual report of supplemental angular puort 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 certification of the certification of the certification of the certification. I am appears in Block 12 or Block 13 if the Egg., or on an attaching it with a address.

**SIGNATURE** 

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dute Daylare Proce # 1568