


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

FILED
Apr 27, 1999 8:00 am
Secretary of State

04-27-1999 90041 023 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katharine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P94000041236

1. Corporation Name
STEVE ROBERTS SURETY SERVICES, INC.



Principal Place of Business 1757 ST. MARY AVENUE PENSACOLA FL 32501	Mailing Address 1757 ST. MARY AVENUE PENSACOLA FL 32501
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 05/25/1994		4. FEI Number 59-3267693		Applied For <input type="checkbox"/> Nct Applicable	
				5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees			
				8. This corporation owes the current year Intangible Personal Property Tax.		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent CHASE, JAMES L 101 E GOVERNMENT STREET PENSACOLA FL 32501				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			
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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. (NO E: Registered Agent signature required when reinstating)		DATE							
12. OFFICERS AND DIRECTORS						13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
TITLE	PD	<input type="checkbox"/> DELETE				1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	ROBERTS, STEVE					1.2 NAME					
STREET ADDRESS	1757 ST MARY AVE					1.3 STREET ADDRESS					
CITY-STATE-ZIP	PENSACOLA FL					1.4 CITY-STATE-ZIP					
TITLE	STD	<input type="checkbox"/> DELETE				2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	ROBERTS, RENEE					2.2 NAME					
STREET ADDRESS	1757 ST MARY AVE					2.3 STREET ADDRESS					
CITY-STATE-ZIP	PENSACOLA FL					2.4 CITY-STATE-ZIP					
TITLE		<input type="checkbox"/> DELETE				3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME						3.2 NAME					
STREET ADDRESS						3.3 STREET ADDRESS					
CITY-STATE-ZIP						3.4 CITY-STATE-ZIP					
TITLE		<input type="checkbox"/> DELETE				4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME						4.2 NAME					
STREET ADDRESS						4.3 STREET ADDRESS					
CITY-STATE-ZIP						4.4 CITY-STATE-ZIP					
TITLE		<input type="checkbox"/> DELETE				5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME						5.2 NAME					
STREET ADDRESS						5.3 STREET ADDRESS					
CITY-STATE-ZIP						5.4 CITY-STATE-ZIP					
TITLE		<input type="checkbox"/> DELETE				6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME						6.2 NAME					
STREET ADDRESS						6.3 STREET ADDRESS					
CITY-STATE-ZIP						6.4 CITY-STATE-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, with an attachment with an address, with all other like empowered.

SIGNATURE:  - PRESIDENT - 4/24/99
Date: 4/24/99 Daytime Phone #: 850-434-1508

CR2E034 (11/98)