

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P94000062872 (4)**

1. Corporation Name

FLORIDA SURETY SERVICES, INC.



Principal Place of Business

**723 N.W. 30TH AVENUE
OCALA FL 34475**

Mailing Address

**723 N.W. 30TH AVENUE
OCALA FL 34475**

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

**CLARK, DEBORAH L
723 N.W. 30TH AVENUE
OCALA FL 34475**

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 607.0532 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 607.0532, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
P	WYCKOFF, CAMALEEN	723 NW 30TH AVE	OCALA FL	☐
TS	CLARK, DEBORAH L	723 NW 30TH AVE	OCALA FL	☐
D	WYCKOFF, CAROLE	723 NW2 30TH AVE	OCALA FL	☐
D	CLARK, GEORGE	723 NW 30 AVE	OCALA FL	☐

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE	Change	Addition
1				☐	☐	☐
2				☐	☐	☐
3				☐	☐	☐
4				☐	☐	☐
5				☐	☐	☐
6				☐	☐	☐
7				☐	☐	☐
8				☐	☐	☐
9				☐	☐	☐
10				☐	☐	☐
11				☐	☐	☐
12				☐	☐	☐
13				☐	☐	☐
14				☐	☐	☐
15				☐	☐	☐
16				☐	☐	☐
17				☐	☐	☐
18				☐	☐	☐
19				☐	☐	☐
20				☐	☐	☐
21				☐	☐	☐
22				☐	☐	☐
23				☐	☐	☐
24				☐	☐	☐
25				☐	☐	☐
26				☐	☐	☐
27				☐	☐	☐
28				☐	☐	☐
29				☐	☐	☐
30				☐	☐	☐

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

DEBORAH L CLARK
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DEBORAH L CLARK T/S

3-26-96 (352) 732-2808

CR2E034 (12/95)