

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

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Jan 30 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
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 34475-5605



3. Date Incorporated or Qualified 08/17/1994  
3a. Date of Last Report 03/29/1996

2. Principal Place of Business	2a. Mailing Address	4. FEI Number 59-3258127	Applied For Not Applicable
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
22. City & State	27. City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
23. Zip	28. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
24. Zip	25. Country		
29. Zip	30. Country		

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating.) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	11. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WYCKOFF, CAMALEEN WYCKOFF, CAMALEEN	12. NAME	
STREET ADDRESS	723 NW 30TH AVE	13. STREET ADDRESS	
CITY - ST - ZIP	OCALA FL	14. CITY - ST - ZIP	
TITLE	TS <input type="checkbox"/> DELETE	2.1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLARK, DEBORAH L	2.2. NAME	
STREET ADDRESS	723 NW 30TH AVE	2.3. STREET ADDRESS	
CITY - ST - ZIP	OCALA FL	2.4. CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WYCKOFF, CAROLE WYCKOFF, CAROLE	3.2. NAME	
STREET ADDRESS	723 NW2 30TH AVE	3.3. STREET ADDRESS	
CITY - ST - ZIP	OCALA FL	3.4. CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLARK, GEORGE CLARK, GEORGE	4.2. NAME	
STREET ADDRESS	723 NW 30 AVE	4.3. STREET ADDRESS	
CITY - ST - ZIP	OCALA FL	4.4. CITY - ST - 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 - ST - ZIP		5.4. CITY - ST - 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 - ST - ZIP		6.4. CITY - ST - ZIP	

14. I do 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.

SIGNATURE: Deborah L Clark DEBORAH L CLARK TS 1-27-97 352 732-2808  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)