

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

FILED
Jul 22 1998 8:00am
Secretary of State

DOCUMENT # P94000062872 (4)

1. Corporation Name
FLORIDA SURETY SERVICES, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business
723 N.W. 30TH AVENUE
OCALA FL 34475

Mailing Address
723 N.W. 30TH AVENUE
OCALA FL 34475

3. Date Incorporated or Qualified

08/17/1994

4. FEI Number

59-3258127

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

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 Cathleen M. WYCKOFF

82 Street Address (P.O. Box Number Is Not Acceptable)

723 NW 30th AVE

83

84 City Ocala

FL

85 Zip Code

34475

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 *Cmwyckoff*
Signature, typed or printed name of registered agent and date if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P
NAME WYCKOFF, CATHLEEN
STREET ADDRESS 723 NW 30TH AVE
CITY-ST-ZIP Ocala FL ☐ DELETE

TITLE TS
NAME CLARK, DEBORAH L
STREET ADDRESS 723 NW 30TH AVE
CITY-ST-ZIP Ocala FL ☒ DELETE

TITLE D
NAME WYCKOFF, CAROLE
STREET ADDRESS 723 NW2 30TH AVE
CITY-ST-ZIP Ocala FL ☐ DELETE

TITLE D
NAME CLARK, GEORGE
STREET ADDRESS 723 NW 30 AVE
CITY-ST-ZIP Ocala FL ☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-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, or on an attachment with an address.

SIGNATURE:

Cmwyckoff

7-8-98

352 1122 2800

CR2E034 (5/98)