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CORPORATION ANNUAL REPORT

1998

Suite, Apt. #. etc.

City & State

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Zip

CITY-ST-ZIP

Block 12 or Block 13 if changed, or on an attachment



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000012414 (5)

Country

9, Name and Address of Current Registered Agent

25

Gardner, John W 206 MASON ST

BRANDON FL 33511

SURETY CONSULTANTS, INC.

Principal Place of Business	Mailing Address	
3710 KINGSFORD PL VALRICO FL 33594	3710 KINGSFORD PL VALRICO FL 33594	
2. Principal Place of Business	2a. Mailing Address	

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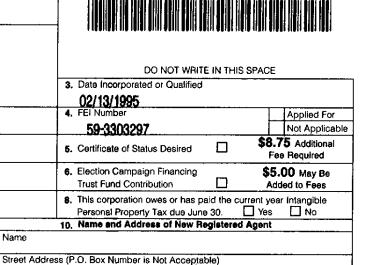
2a. Mailing Address

City & State

Zıp

Suite, Apt. #, etc.

FILED Mar 13 1998 8:00am Secretary of State



Zip Code

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. (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE TITLE D 1.1 TITLE Change Addition NAME MILLER, RUSSELL 1.2 NAME 3710 KINGSFORD PL STREET ADDRESS 1.3 STREET ADDRESS VALRICO FL 33594 CITY-ST-ZIP 1.4 City-St-ZiP DELETE TITLE 2.1 TITLE Change Addition NAME MILLER, CARMEN 2.2 NAME 3710 KINGSFORD PL STREET ADDRESS 2.3 STREET ADDRESS VALRICO FL 33594 CITY-ST-ZIE 2. 4 CITY-ST-ZIP DELETE TITLE 3.1 TITLE ☐ Change ☐ Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE TITLE Change 4.1 TITLE Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CfTY-ST-ZIP DELETE TITLE 5.1 TITLE Change ☐ Addition NAME 5.2 NAME STREET ADDRESS **5.3 STREET ADDRESS** CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE TITLE Change Addition 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 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

Country

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63 84 Citv

Name

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