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

PROFIT .CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #	D05000017401	(0)
1. Cornoration Name	P95000017481	(3)

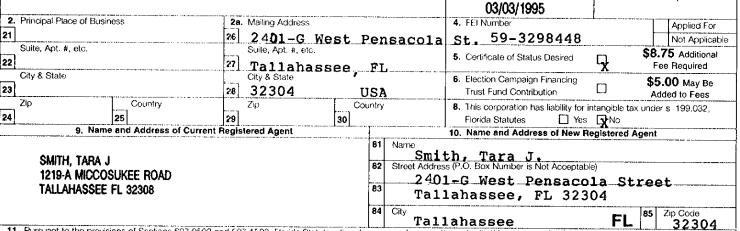
SURETEC INSURANCE SERVICES, INC.

Principal Place of Business

Mailing Address

1219-A MICCOSUKEE ROAD TALLAHASSEE FL 32308

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11. Pursuant to the provisions of Sections 607.0502 and £07.1508, 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: typoid or printed hence of registered agent and little if applicable (NOTE: Flegistered Agent signature: required when reinstating) DATE						
12.	OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PVST	DELFTE	1 1 TITLE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ***********************************		
NAME	SMITH, TARA J		1.2 NAME			
STREET ADDRESS	1219-A MICCOSUKEE ROAD		13 STREET ADDRESS	2401-G West Pensacola St. Tallahassee, FL 32304		
C(TY-ST-ZIP	TALLAHASSEE FL 32308		14 CITY - ST - ZIP	Tallahassee, FL 32304		
TITLE		DELETE	2 1 TITLE	☐ Change ☐ Addition		
NAME			2.2 NAME			
STREET ADDRESS			2.3 STREET ADDRESS			
CITY-ST-ZIP			2.4 CITY - ST - ZIP			
TITLE		DELETE	3. 1 TITLE	Change Addition		
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS			
CITY-ST-ZIP			3.4 City - St - ZiP			
TITLE		☐ DEFELE	4. 1 TITLE	Change Addition		
NAME			4.2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS	·		
CITY-ST-ZIP			4.4 CITY - ST - ZIP			
TITLE		DELETE	5 1 TITEF	☐ Change ☐ Addition		
NAME			52 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP			5.4 CITY-S1-ZIP			
TITLE		DELF1E	6 1 TITLE	Change Addition		
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			
CITY-ST-ZIP		waaaaaaaaa	6.4 CITY - ST - ZIP			

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.

4/25/96

904-576-3022

3a. Date of Last Report

3. Date Incorporated or Qualified