

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 24, 1999 8:00 am
Secretary of State

05-24-1999 90013 019 ***158.75

DOCUMENT # P95000017481

1. Corporation Name

SURETEC INSURANCE SERVICES, INC.



Principal Place of Business

345 S. MAGNOLIA DR.
#A-17 F-11
TALLAHASSEE FL 32301
US

Mailing Address

345 S. MAGNOLIA DR.
#A-17 F-11
TALLAHASSEE FL 32301
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/03/1995

4. FEI Number

59-3298448

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☒ Yes

☐ No

2. Principal Place of Business

21 235 East Washington St

2a. Mailing Address

27 235 E. Washington St

Suite, Apt. #, etc.

22

Suite, Apt. #, etc.

27

City & State

23 Monticello

City & State

28 Monticello

Zip

24 32344

Country

25 Jefferson

Zip

29 32344

Country

30 Jefferson

9. Name and Address of Current Registered Agent

SMITH, TARA J
345 S. MAGNOLIA DR.
#A-17 F-11
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name

Tara J Smith

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

235 East Washington St

83

84 City

Monticello

FL

85 Zip Code

32344

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: Tara J Smith President

3/31/99

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PVST
NAME SMITH, TARA J
STREET ADDRESS 345 S. MAGNOLIA DR., #A-17
CITY-ST-ZIP TALLAHASSEE FL 32301

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

13.

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

PVST
Smith, Tara J.
235 E. Washington St.
Monticello FLA 32344

☒ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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☐ Change ☐ Addition

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, with all other like empowered.

SIGNATURE: Tara J Smith President

Signature typed or printed name of signing officer or director

3/31/99 8506568222

Date

Daytime Phone #

CR2E034 (11/98)