

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 # **P95000020811 (2)**

1. Corporation Name

SURETY PROFILES, INC.



Principal Place of Business

Mailing Address

**7402 NORTH 56TH ST.
SUITE 800 D
TAMPA FL 33617**

**7402 NORTH 56TH ST.
SUITE 800 D
TAMPA FL 33617**

3. Date Incorporated or Qualified
03/07/1995

3a. Date of Last Report
N/A

2. Principal Place of Business

2a. Mailing Address

21 **511 Wilbur St.**

26 **511 Wilbur St.**

4. FEI Number

65-0571627

Applied For

Not Applicable

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

23 City & State

28 City & State

Brandon, FL

Brandon, FL

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

24 Zip

25 Country

29 Zip

30 Country

33511

USA

33511

USA

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**DORSEY, MICHAEL R
2005 RIVER PARK COURT
VALRICO FL 33594**

81 Name

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

83

84 City

FL

85 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, typewritten or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☐ DELETE
NAME **DORSEY, MICHAEL R**
STREET ADDRESS **2005 RIVER PARK COURT**
CITY-STATE-ZIP **VALRICO FL 33594**

1.1 TITLE **President** ☒ Change ☐ Addition
1.2 NAME **Michael R. Dorsey**
1.3 STREET ADDRESS **2005 River Park Court**
1.4 CITY-STATE-ZIP **Valrico, FL 33594**

TITLE **D** ☐ DELETE
NAME **STOUT, CRISPIN G**
STREET ADDRESS **3623 COLD CREEK DR.**
CITY-STATE-ZIP **VALRICO FL 33594**

2.1 TITLE **Vice President** ☒ Change ☐ Addition
2.2 NAME **Crispin G. Stout**
2.3 STREET ADDRESS **3623 Cold Creek Dr.**
2.4 CITY-STATE-ZIP **Valrico, FL 33594**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

3.1 TITLE **Secretary / Treasurer** ☐ Change ☒ Addition
3.2 NAME **Melissa R. Glein**
3.3 STREET ADDRESS **6010 S. Oregon Ave.**
3.4 CITY-STATE-ZIP **Tampa, FL 33606**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-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.

SIGNATURE: **Melissa R. Glein** **Melissa R. Glein**

2/15/96

813-651-3398

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)