

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

PROFIT
CORPORATION
ANNUAL REPORT



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

1996 4-30-96-15-4934 C

DOCUMENT # P95000025193 (0)

1. Corporation Name

SILVER SECURITY INSURANCE, INC.



Principal Place of Business

1605 MIAN STREET, SUITE 1001
SARASOTA FL 34236

Mailing Address

1605 MIAN STREET, SUITE 1001
SARASOTA FL 34236

3. Date Incorporated or Qualified

03/29/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 1605 MAIN STREET

26 1605 MAIN STREET

4. FEI Number

65-0567826

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 SUITE 1001

27 SUITE 1001

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

City & State

City & State

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

23

28

Zip

Country

Zip

Country

24

25

29

30

8. This corporation has liability for intangible tax under s. 198.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GOLDSMITH, STANLEY A
1605 MIAN STREET, SUITE 1001
SARASOTA FL 34236

81 Name

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

1605 MAIN STREET

83

SUITE 1001

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 typed or printed name of registered agent, if not applicable

Signature typed or printed name of registered agent, if not applicable

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME BAILEY, DOLORES A
STREET ADDRESS 7894 MONTICELLO LANE
CITY-ST-ZIP SARASOTA FL 34243 ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

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CITY-ST-ZIP ☐ 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 D,P,S,T
1.2 NAME BAILEY, DOLORES A.
1.3 STREET ADDRESS 6322 GREEN OAKS CIRCLE
1.4 CITY-ST-ZIP BRADENTON, FLORIDA 34203 ☒ Change ☐ Addition

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

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

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

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

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

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:

Dolores A. Bailey
DOLORES A. BAILEY, PRESIDENT

4/23/96

941-952-5829
Dolores Bailey

CR2E034 (12/95)