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

FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90240 004 ***158.75

045017

PROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # P98000073123

1. Corporation Name
Surety Title Corporation
1805 County Rd

Principal Place of Business	Mailing Address
1805 County Road 951, Suite I Naples, FL 34116	1805 County Road 951, Suite I Naples, FL 34116

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 8/20/98

2. Principal Place of Business	2a. Mailing Address
21 1805 County RD 951, Suite I	26 1805 County Road 951
Suite, Apt. #, etc. 22 Suite I	Suite, Apt. #, etc. 27 Suite I
City & State 23 Naples, FL 34	City & State 28 Naples, FL
Zip 24 34116 Country 25 USA	Zip 29 34116 Country 30 USA

4. FEI Number: 65-0858371 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired XX $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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name: David F. Anderson, Esq.
82 Street Address (P.O. Box Number is Not Acceptable): 80 SW 8th Street, Suite 2804
83
84 City: Miami FL 85 Zip Code: 33130

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: David R. Anderson — David F. Anderson — 4/26/99
(Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE		☐ DELETE	1.1 TITLE	P	☐ Change ☒ Addition
NAME			1.2 NAME	David F. Anderson	
STREET ADDRESS			1.3 STREET ADDRESS	10101 E. Bay Harbor Dr #706	
CITY-ST-ZIP			1.4 CITY-ST-ZIP	Bay Harbor, FL 33154	
TITLE		☐ DELETE	2.1 TITLE	VS	☐ Change XX Addition
NAME			2.2 NAME	Lawrence R. Huss	
STREET ADDRESS			2.3 STREET ADDRESS	15360 Shamrock Drive SE	
CITY-ST-ZIP			2.4 CITY-ST-ZIP	Fort Myers, FL 33912	
TITLE		☐ DELETE	3.1 TITLE	VT	☐ Change ☒ Addition
NAME			3.2 NAME	Judith D. Rohde	
STREET ADDRESS			3.3 STREET ADDRESS	17557 Allentown Road	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	Fort Myers, FL 33912	
TITLE		☐ DELETE	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 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			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 Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Lawrence R. Huss 4/26/99 941/352-1826
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Title — Daytime Telephone Number