

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

**APPROVED AND FILED**

95 APR 21 PM 2:27

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION  
ANNUAL REPORT  
1995



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

DOCUMENT # **G14582** (2)

1. Corporation Name  
**A-1 BONDING AGENCY, INC.**

DO NOT WRITE IN THIS SPACE.

Principal Place of Business  
**401 SE 12TH CT  
FT LAUDERDALE FL 33316**

Mailing Address  
**401 SE 12TH CT  
FT LAUDERDALE FL 33316**

3. Date Incorporated or Qualified  
**12/22/1982**

3a. Date of Last Report  
**05/01/1994**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21 <b>2137 N.W. 4th St.</b>		26 <b>2137 N.W. 4th St.</b>		59-2242520		Not Applicable	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
23 City & State <b>Ft. Lauderdale, Fl.</b>		27 City & State <b>Ft. Lauderdale, Fl.</b>		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
24 Zip <b>33311</b>		25 Country <b>USA</b>		29 Zip <b>33311</b>		30 Country <b>USA</b>	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			

KIDWELL, JAMES L. 401 SE 12TH CT FT. LAUDERDALE FL 33316				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable) <b>2137 N.W. 4th St.</b>			
				83			
				84 City <b>Ft. Lauderdale</b>			
				FL		85 Zip Code <b>33311</b>	

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 James L. Kidwell P.O. James L. Kidwell DATE 4-18-95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KIDWELL, JAMES L	1.2 NAME	
STREET ADDRESS	401 S.E. 12TH CT	1.3 STREET ADDRESS	<b>2137 N.W. 4th St.</b>
CITY-ST-ZIP	FT LAUDERDALE, FL 00000	1.4 CITY-ST-ZIP	<b>Ft. Lauderdale, Fl. 33311</b>
TITLE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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)(a), 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: James L. Kidwell P.O. James L. Kidwell DATE 4-18-95 TELEPHONE (Area #) 305-792-3334