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Feb 18 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Martham 🖣 Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT #

1. Corporation Name J83661 (5)DOLLY BOLDING BAILBONDS, INC. Principal Place of Business Mailing Address 108 \$ ARMENIA 108 S. ARMENIA SUITE 101 SUITE 101 DO NOT WRITE IN THIS SPACE TAMPA FL 33609 **TAMPA FL 33609** 3. Date Incorporated or Qualified 07/22/1987 2. Principal Place of Business 2a. Mailing Address Applied For ARMONIA S. [08 21 108 Not Applicable 59-2826170 Hemania Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required City & State City & State \$5.00 May Be 6. Election Campaign Financing TAMBA Trust Fund Contribution Added to Fees Country Country Zip 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ΠÑο 29 **]]] 6 0 9** 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent De II 81 YADO, JESS J., III 4830 WEST KENNEDY BLVD. 82 SUITE 750, ONE URBAN CENTRE 83 **TAMPA FL 33609** Zip Code 3 3 60 9 City. 11. Pursuant to the provisions of Sections 607,0502 and 607,1508, Florida Statutes, the above-named corporation Cubmits 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. Plorida Statutes. belli (NOTE Redistred Agent Signature types nur of registered agenta of the sopplica OFFICERS AND DIRECTORS 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE TITLE PST 1.1 TOLE Change Addition NAME **BOLDING, DOLLY L** 1.2 NAME R2E034 405 S ARMENIA STREET ADDRESS 1.3 STREET ADDRESS TAMPA FL CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Change Addition TITLE 2.1 TITLE **BOLDING, DOLLY L** NAME 2.2 NAME 108 S ARMENIA STREET ADDRESS 2.3 STREET ADDRESS TAMPA FL CITY-ST-ZIE 2 4 CITY - ST - ZIP DELETE ☐ Change Addition TITLE 3.1 TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4. CITY - S1 - ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4.2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP CHTY-ST-ZIP DELETE Change Addition 5.1 TITLE TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE ☐ Change ___ Addition TITLE 61 TITLE 62 NAME NAME

63 STREET ADDRESS 64 CITY-ST-ZIP 14. Thereby 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

FILED

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