

SECOND-NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Jul 28, 1999 8:00 am
Secretary of State

07-28-1999 90006 044 ***150.00

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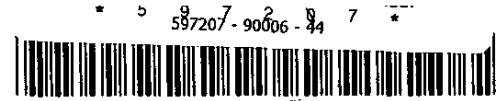
PROFIT CORPORATION
 ANNUAL REPORT
1999



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

DOCUMENT # **P97000107203**

1. Corporation Name
A-1 BONDING OF FLORIDA, INC.



Principal Place of Business
**1954 MAIN ST
 SARASOTA FL 34236**

Mailing Address
**1954 MAIN ST
 SARASOTA FL 34236**

DO NOT WRITE IN THIS SPACE

| | | | | | |
|--------------------------------|---------|---------------------|---------|---|-------------------------------|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified 01/01/1998 | |
| 21 | | 26 | | 4. FEI Number 38-0805772 | Applied For Not Applicable |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 22 | | 27 | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| City & State | | City & State | | 8. This corporation owes the current year Intangible Personal Property. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| 23 | | 28 | | | |
| Zip | Country | Zip | Country | | |
| 24 | 25 | 29 | 30 | | |

| | | | | | | | |
|--|--|--|--|--|--|-----------|----|
| 9. Name and Address of Current Registered Agent | | | | 10. Name and Address of New Registered Agent | | | |
| PARKER, GARY E 1954 MAIN ST SARASOTA FL 34236 | | | | 81 | Name | | |
| | | | | 82 | Street Address (P.O. Box Number is Not Acceptable) | | |
| | | | | 83 | | | |
| | | | | 84 | City | FL | 85 |

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|--|---|--|
| TITLE | <input type="checkbox"/> DELETE | 1.1 TITLE | President /D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | | 1.2 NAME | Gary E. Parker |
| STREET ADDRESS | | 1.3 STREET ADDRESS | 1954 Main St. |
| CITY-ST-ZIP | | 1.4 CITY-ST-ZIP | Sarasota, FL 34236 |
| TITLE | <input type="checkbox"/> DELETE | 2.1 TITLE | VP/Treasurer/D/C <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | | 2.2 NAME | Thomas M. Parker |
| STREET ADDRESS | | 2.3 STREET ADDRESS | 4145 Dublin Dr. |
| CITY-ST-ZIP | | 2.4 CITY-ST-ZIP | Bloomfield Hills, MI 48302 |
| TITLE | <input checked="" type="checkbox"/> DELETE | 3.1 TITLE | VP/Secretary/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | | 3.2 NAME | Matthew Maddock |
| STREET ADDRESS | | 3.3 STREET ADDRESS | 4145/ Dublin Dr. |
| CITY-ST-ZIP | | 3.4 CITY-ST-ZIP | Bloomfield Hills, MI 48302 |
| TITLE | <input type="checkbox"/> DELETE | 4.1 TITLE | Vice President/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | | 4.2 NAME | Jeff Kirkpatrick |
| STREET ADDRESS | | 4.3 STREET ADDRESS | 401 S. Jackson St. |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | Jackson, MI 49201 |
| TITLE | <input type="checkbox"/> DELETE | 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 | <input type="checkbox"/> DELETE | 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 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.

SIGNATURE: Gary E. Parker July 12, 1999 (941) 366-4050

CR2E034 (5/99)

011001-9000844
P97000107203

A-1 BONDING OF FLORIDA, INC.

1954 Main Street
Sarasota, Florida 34236
(941) 366-4050
FAX: 955-4947

July 19, 1999

Florida Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

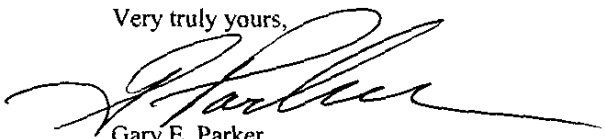
Re: Profit Corporation Annual Report
Late Filing -- 2nd Notice

Dear Sir or Madam:

I received a 2nd Notice for filing my Corporate Annual Report this week. I was surprised to see that it was a second notice, as I never received the First Notice. I called your office today and explained the situation. The woman with whom I spoke informed me that this was quite a common occurrence this year. She advised me to write this letter explaining the situation and to include it with my Report and Remittance.

Thus, I am enclosing our check in the amount of \$150.00 and the Annual Report herewith. I would like to thank your office for rectifying the situation so quickly and courteously. Thank you.

Very truly yours,



Gary E. Parker
President

GEP/lcw

encl: Check for \$150.00
1999 Profit Corporation Annual Report