PROFIT CORPORATION ANNUAL REPORT

1999



DOCUMENT # P9800005060

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

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

03-10-1999 90130 036 ***150.00

1. Corporation								
ROCHE BAIL BONDS, INC.						H 9515. Phr: 8518	8*111 A311 (SA)	
		A M: - A data			1380 401 41 618 45 601 4 611 41	H DEND! ONLY ORNIO	DINE DAN 1885	
Principal Place of Business Mailing Address								
1906 ORIENT ROAD 1906 ORIENT ROAD TAMPA FL 33619								
TAMEA IL 3301	5	(744) (1-12-00)			DO NOT WRITE IN TH	IS SPACE		,
ı					3. Date Incorporated or Qualifed		1	ĺ
					01/15/1998		F. 15.	İ
2. Principal Pla	ace of Business	2a. Malling Address			59-3490572	<u> </u>	plied For Applicable	ĺ
21		26			37-37 10312	\$8.75 A		j
Suite, Apt. #	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired:	Fee Re		-
22 City & State		City & State			6. Election Campaign Financing	\$5.00	May Be	l
23	•	28			Trust Fund Contribution	Added t		
Zip	Country	Zip	Coun	try	8. This corporation owes the current year	intangible		
24	25	29	30		Personal Property Tax.	[]Yes ···	∐No	l
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Registere	d Agent		
DOC	HE ADMANDO O		18	31 Name				
ROCHE, ARMANDO O			1	Street Add	iress (P.O. Box Number is Not Acceptable)			1
1906 ORIENT ROAD TAMPA FL 33619				33	<u>.</u>			{
וייי ה	A 1 € 33013		l'	23				1
			1	34 City	F	85 Zip (Code	
44 5	the amining of Sastions 807 0503	and 607 1508 Florida Statu	ies the ab	nve-named con	noration submits this statement for the purpose	of changing its	registered	1
office or re	egistered agent, or both, in the State of	f Florida. Such change was a	uthorized!	by the corporat	poration submits this statement for the purpose ion's board of directors. I hereby accept the app	ointraent as re	gisterec	l
agent. i ar	n familiar with, and accept the obligati	ons of, Section 607.0505, PK	ANDE SERIOI	ęs.				l
SIGNATURE	Signature, typed or printed hame of registered agent	and the displicable (NOT	: Registered A	gent signature requir	red when remstaling) . DATE			ء ا
12.								15
14.	OFFICERS AN	DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS			9
MILE	D		13.	E	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	ORS IN 12 ☐ Addition	(11/9
	D ROCHE, ARMANDO O	DIRECTORS	1.1 TITL 1.2 NAM	E	ADDITIONS/CHANGES TO OFFICERS			024 (11/96
TITLE	D ROCHE, ARMANDO O 13130 FORT KING HWY.	DIRECTORS	1.1 TITL 1.2 NAM 13 STR	EET ADDRESS	ADDITIONS/CHANGES TO OFFICERS			2F034 (11/98
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROCHE, ARMANDO O 13130 FORT KING HWY. THONOTOSASSA FL 33592	D DIRECTORS	1.1 TITL 1.2 NAM 1.3 STR 1.4 CITY	EET ADDRESS (-ST-ZIP	ADDITIONS/CHANGES TO OFFICERS	[] Change	A. A	CR2E024 (11/98
NAME STREET ADDRESS CITY-ST-ZIP TITLE	D ROCHE, ARMANDO O 13130 FORT KING HWY. THONOTOSASSA FL 33592 D	DIRECTORS	1.1 TITL 1.2 NAM 1.3 STR 1.4 CITA 2.1 TITL	E FET ADDRESS (-ST-ZIP E	ADDITIONS/CHANGES TO OFFICERS			CR2F024 (11/98
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	D ROCHE, ARMANDO O 13130 FORT KING HWY. THONOTOSASSA FL 33592 D ROCHE, LINDA	D DIRECTORS	1.1 TITL 1.2 NAW 1.3 STR 1.4 CITA 2.1 TITL 2.2 NAW	E FET ADORESS (-ST-ZIP E	ADDITIONS/CHANGES TO OFFICERS	[] Change	A. A	CR2E014 (11/98
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14. I hereby certify that the information supplied with this filing does not qualify to represent the exemption stated in Section 119.07(5)(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 each; that I am an officer or director of the corporation or the receiver or trostee ampowered to execute this report as required by Chapter 507. 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:

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/2/99

(813)623-5042

De time Phone #