FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

APPROVED AND FILED

'95 MAR 14 AM 10:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT
1995

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

DOCUMENT # 223551 (3)

1. Corporation Name
ACCREDITED BOND AGENCIES,INC

Principal Place of Business	Mailing Address
918 S ORANGE AVE ORLANDO FL 32806 US	PO BOX 568529 ORLANDO FL 32856-8529 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 05/11/1959
3a. Date of Last Report: 04/28/1994
4. FEI Number: 59-0868428 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

AMATO, DANIEL R
918 S ORANGE AVE
ORLANDO FL 32806

10. Name and Address of New Registered Agent

81 Name: Deborah A. Snow
82 Street Address (P.O. Box Number is Not Acceptable): 918 S. Orange Ave.
83
84 City: Orlando FL 85 Zip Code: 32806

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: Deborah Snow — Deborah Snow — 2/17/95
(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	D	1.1 TITLE	D	☒ Change ☐ Addition
NAME	JALLAD, L S	1.2 NAME	Jallad, L. Samir	
STREET ADDRESS	691 OAK HOLLOW WAY	1.3 STREET ADDRESS	649 Oak Hollow Way	
CITY-ST-ZIP	ALTAMONTE SPR FL	1.4 CITY-ST-ZIP	Altamonte Springs, FL 32714	
TITLE	VD	2.1 TITLE	VP/D	☐ Change ☒ Addition
NAME	SNOW, MICHAEL L	2.2 NAME	Jallad, Johnny	
STREET ADDRESS	2946 LAKE RINELOCH BLVD	2.3 STREET ADDRESS	649 Oak Hollow Way	
CITY-ST-ZIP	ORLANDO FL	2.4 CITY-ST-ZIP	Altamonte Springs, FL 32714	
TITLE	STD	3.1 TITLE	Treasurer/Director	☐ Change ☒ Addition
NAME	RADER, VIRGINIA R.	3.2 NAME	R. Keith Robinson	
STREET ADDRESS	1818 DIAMOND DRIVE	3.3 STREET ADDRESS	13619 Dornoch Drive	
CITY-ST-ZIP	ORLANDO FL	3.4 CITY-ST-ZIP	ORLANDO, FL 32828	
TITLE	VD	4.1 TITLE		☐ Change ☐ Addition
NAME	AMATO, DANIEL R.	4.2 NAME		
STREET ADDRESS	6421 ST PARTIN PL	4.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL	4.4 CITY-ST-ZIP		
TITLE	PD	5.1 TITLE	PD	☒ Change ☐ Addition
NAME	CEVEY, DEBORAH S.	5.2 NAME	Snow, Deborah A.	
STREET ADDRESS	691 OAK HOLLOW WAY	5.3 STREET ADDRESS	645 Oak Hollow Way	
CITY-ST-ZIP	ALTAMONTE SPR FL	5.4 CITY-ST-ZIP	Altamonte Springs, FL 32714	
TITLE	D	6.1 TITLE	D/S/VP	☒ Change ☐ Addition
NAME	JALLAD, SHARON S.	6.2 NAME	Jallad, Sharon S.	
STREET ADDRESS	691 OAK HOLLOW WAY	6.3 STREET ADDRESS	649 Oak Hollow Way	
CITY-ST-ZIP	ALTAMONTE SPR FL	6.4 CITY-ST-ZIP	Altamonte Springs, FL 32714	

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)(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: Deborah Snow — 2/17/95 — 407-841-8500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — (Daytime Phone #)

Deborah Snow

0068714 CP