

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

3. Date Incorporated or Qualified  
05/11/1959

3a. Date of Last Report  
03/14/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

29 30

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SNOW, DEBORAH A  
918 S ORANGE AVE  
ORLANDO FL 32806

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE  
NAME JALLAD, L S  
STREET ADDRESS 649 OAK HOLLOW WAY  
CITY-ST-ZIP ALTAMONTE SPR FL

TITLE VPD ☐ DELETE  
NAME JALLAD, JONNY  
STREET ADDRESS 649 OAK HOLLOW WAY  
CITY-ST-ZIP ALTAMONTE SPRINGS FL

TITLE TD ☐ DELETE  
NAME ROBINSON, R. K  
STREET ADDRESS 13619 DORNOCH DRIVE  
CITY-ST-ZIP ORLANDO FL

TITLE PD ☐ DELETE  
NAME SNOW, DEBORAH A  
STREET ADDRESS 645 OAK HOLLOW WAY  
CITY-ST-ZIP ALTAMONTE SPR FL

TITLE D ☐ DELETE  
NAME JALLAD, SHARON S.  
STREET ADDRESS 649 OAK HOLLOW WAY  
CITY-ST-ZIP ALTAMONTE SPR FL

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE V, D ☒ Change ☐ Addition  
1.2 NAME L. S. JALLAD  
1.3 STREET ADDRESS 649 OAK HOLLOW WAY  
1.4 CITY-ST-ZIP Altamonte Springs, FL 32714

2.1 TITLE V, D ☒ Change ☐ Addition  
2.2 NAME Johnny JALLAD  
2.3 STREET ADDRESS 649 OAK HOLLOW WAY  
2.4 CITY-ST-ZIP Altamonte Springs, FL 32714

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE V, S, D ☒ Change ☐ Addition  
5.2 NAME SHARON S JALLAD  
5.3 STREET ADDRESS 649 OAK HOLLOW WAY  
5.4 CITY-ST-ZIP Altamonte Springs, FL 32714

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
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)(k), 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 A Snow*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-18-96 407-841-8500  
Date Daytime Phone #

CR2E034 (12/95)