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 # 254605

RENEWAL

1. Corporation Name

MAYNARD BONDING & INSURANCE AGENCY INC.

Principal Place of Business

Mailing Address

9625 RIVERVIEW DRIVE
MICCO, FL. 32976

3. Date Incorporated or Qualified: 1962

3a. Date of Last Report: 1995

4. FEI Number: 59-0735510-[illegible]2 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business

21

Suite, Apt. #, etc

22

City & State

23

Zip 24 Country 25

2a. Mailing Address

26

Suite, Apt. #, etc

27

City & State

28

Zip 29 Country 30

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

BOBBY L. MAYNARD

SMAE AS ABOVE

10. Name and Address of New Registered Agent

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 reinstating. DATE

12. OFFICERS AND DIRECTORS

TITLE	PRESIDENT	☐ DELETE
NAME	BOBBY L. MAYNARD	
STREET ADDRESS	9625 RIVERVIEW DRIVE	
CITY-ST-ZIP	SEBASTIAN, FL. 32976	
TITLE	V.P.	☐ DELETE
NAME	BETTY E. MAYNARD	
STREET ADDRESS	9625 RIVERVIEW DRIVE	
CITY-ST-ZIP	SEBASTIAN, FL. 32976	
TITLE	SEC. & TRES.	☐ DELETE
NAME	JAN FROST	
STREET ADDRESS	1002 D. 58 ave.	
CITY-ST-ZIP	HOLLYWOOD, FL. 33021	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
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		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	500001844885	☐ Change ☐ Addition
6.2 NAME	-05/30/96--01077--043	
6.3 STREET ADDRESS	***225.00	
6.4 CITY-ST-ZIP		

5/30

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: Bobby L. Maynard BOBBY L. MAYNARD 5/9/96 1-407-6647473

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)