

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # 442857 (9)

1. Corporation Name

AMERICAN BAIL BONDS, INC.



Principal Place of Business

345 EAST BAY STREET  
JACKSONVILLE FL 32202

Mailing Address

345 EAST BAY STREET  
JACKSONVILLE FL 32202

2. Principal Place of Business

2a. Mailing Address

|    |                     |    |                     |
|----|---------------------|----|---------------------|
| 21 | Suite, Apt. #, etc. | 26 | Suite, Apt. #, etc. |
| 22 | City & State        | 27 | City & State        |
| 23 | Zip                 | 28 | Country             |
| 24 | Country             | 29 | Zip                 |
| 25 | Country             | 30 | Country             |

3. Date Incorporated or Qualified

12/27/1973

3a. Date of Last Report

04/12/1995

4. F.I.T. Number

59-1500515

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

WILHOITE, G.H.  
345 EAST BAY STREET  
JACKSONVILLE FL 32202

10. Name and Address of New Registered Agent

|    |  |
|----|--|
| 81 | Name   |
| 82 | Street Address (P.O. Box Number is Not Acceptable) |
| 83 |  |
| 84 | City   |
| 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 the filing agent

(NOTE: Registered Agent signature required when the filing agent is not the registered agent)

DATE

| 12. OFFICERS AND DIRECTORS |  | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|----------------------------|--|---|---|
| TITLE                      | P<br>WILHOITE, GLENN S.<br>3433 PRATHER DRIVE<br>JACKSONVILLE, FL 00000    | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | V<br>BURKE, MARGARET D.<br>7914 LOS ROBLES COURT<br>JACKSONVILLE, FL 00000 | 12 NAME   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS             | ST<br>JACKSON, PAMELA B<br>1064 CHATFORD RD<br>JACKSONVILLE FL             | 13 STREET ADDRESS                                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| CITY-ST-ZIP                | V<br>DAVIS, LYNDY J.<br>1874 HIBERNIA CT.<br>JACKSONVILLE FL               | 14 CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE                      | <input type="checkbox"/> DELETE  | 21 TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <input type="checkbox"/> DELETE  | 22 NAME   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS             | <input type="checkbox"/> DELETE  | 23 STREET ADDRESS                                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| CITY-ST-ZIP                | <input type="checkbox"/> DELETE  | 24 CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE                      | <input type="checkbox"/> DELETE  | 31 TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <input type="checkbox"/> DELETE  | 32 NAME   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS             | <input type="checkbox"/> DELETE  | 33 STREET ADDRESS                                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| CITY-ST-ZIP                | <input type="checkbox"/> DELETE  | 34 CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE                      | <input type="checkbox"/> DELETE  | 41 TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <input type="checkbox"/> DELETE  | 42 NAME   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS             | <input type="checkbox"/> DELETE  | 43 STREET ADDRESS                                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| CITY-ST-ZIP                | <input type="checkbox"/> DELETE  | 44 CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE                      | <input type="checkbox"/> DELETE  | 51 TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <input type="checkbox"/> DELETE  | 52 NAME   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS             | <input type="checkbox"/> DELETE  | 53 STREET ADDRESS                                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| CITY-ST-ZIP                | <input type="checkbox"/> DELETE  | 54 CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE                      | <input type="checkbox"/> DELETE  | 61 TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <input type="checkbox"/> DELETE  | 62 NAME   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS             | <input type="checkbox"/> DELETE  | 63 STREET ADDRESS                                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| CITY-ST-ZIP                | <input type="checkbox"/> DELETE  | 64 CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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:

Pamela B. Jackson PAMELA B. JACKSON

5-7-96

904-356-0280

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)