

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 16 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **442857** (9)

1. Corporation Name  
**AMERICAN BAIL BONDS, INC.**

Principal Place of Business

**945 EAST BAY STREET  
JACKSONVILLE FL 32202**

Mailing Address

**345 EAST BAY STREET  
JACKSONVILLE FL 32202-2908**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>12/27/1973</b>		3a. Date of Last Report <b>05/09/1996</b>	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number <b>59-1500515</b>		Applied For Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
24 Country		29 Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> 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	<b>Wilhoite, Glenn S.</b>		
82 Street Address (P.O. Box Number is Not Acceptable)	<b>345 East Bay Street</b>		
83			
84 City	<b>Jacksonville</b>	85 Zip Code	<b>FL 32202</b>

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 *Glenn S. Wilhoite* **Glenn S. Wilhoite, President** **4-11-97**  
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	<b>P</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WILHOITE, GLENN S.</b>	1.2 NAME	
STREET ADDRESS	<b>3433 PRATHER DRIVE</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>JACKSONVILLE, FL 00000</b>	1.4 CITY-ST-ZIP	
TITLE	<b>V</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BURKE, MARGARET D.</b>	2.2 NAME	
STREET ADDRESS	<b>7914 LOS ROBLES COURT</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>JACKSONVILLE, FL 00000</b>	2.4 CITY-ST-ZIP	
TITLE	<b>ST</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>JACKSON, PAMELA B</b>	3.2 NAME	
STREET ADDRESS	<b>1064 CHATFORD RD</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>	3.4 CITY-ST-ZIP	
TITLE	<b>V</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DAVIS, LYNDA J.</b>	4.2 NAME	
STREET ADDRESS	<b>1874 HIBERNIA CT.</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing 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 *P. Jackson* **P. Jackson, Sec/T** **4-11-97**

CR2E034 (9/96)