CORPORATION ANNUAL REPORT 1995

Secretary of State
DIVISION OF CORPORATIONS

FILED
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DIVISION OF CORPORATIONS
95 APR 11 PM 9:43

DOCUMENT # 691808 (0)

1. Corporation Name
BILL ARFLIN BONDING AGENCY, INC.

Principal Place of Business	Mailing Address
303 NORTH LIBERTY STREET JACKSONVILLE FL 32202	303 NORTH LIBERTY STREET JACKSONVILLE FL 32202

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 06/24/1981
3a. Date of Last Report: 03/25/1994

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

4. FEI Number: 59-2096232 ☐ 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

7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

TASSONE, FRANK JR.
1833 ATLANTIC BLVD.
JACKSONVILLE FL

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE	P T M D	☒ Change ☐ Addition
NAME	WATERS, CAREY F	12 NAME	LeSage, Tracey F.	
STREET ADDRESS	303 NORTH LIBERTY STREET	13 STREET ADDRESS	303 Liberty Street	
CITY-ST-ZIP	JACKSONVILLE FL	14 CITY-ST-ZIP	Jacksonville FL 32202	
TITLE	CMD	21 TITLE	VP S D	☒ Change ☐ Addition
NAME	ARFLIN, TRACY	22 NAME	Lowery, Voncile	
STREET ADDRESS	303 NORTH LIBERTY STREET	23 STREET ADDRESS	303 N. Liberty St.	
CITY-ST-ZIP	JACKSONVILLE, FL 00000	24 CITY-ST-ZIP	Jacksonville, FL 32202	
TITLE	PMD	31 TITLE	D	☐ Change ☒ Addition
NAME	ARFLIN, BRANSON O., JR.	32 NAME	Clinton F. Scott	
STREET ADDRESS	303 NORTH LIBERTY STREET	33 STREET ADDRESS	303 Liberty St	
CITY-ST-ZIP	JACKSONVILLE, FL 00000	34 CITY-ST-ZIP	Jacksonville, FL 32202	
TITLE	VTD	41 TITLE	C D	☒ Change ☐ Addition
NAME	LESAGE, TRACEY F.	42 NAME	Arflin, Tracy	
STREET ADDRESS	303 NORTH LIBERTY STREET	43 STREET ADDRESS	303 Liberty st	
CITY-ST-ZIP	JACKSONVILLE, FL 32202	44 CITY-ST-ZIP	Jacksonville FL 32202	
TITLE	S	51 TITLE	D	☒ Change ☐ Addition
NAME	LOWERY, VONCILE	52 NAME	Scholl, Carey F.	
STREET ADDRESS	303 NORTH LIBERTY ST	53 STREET ADDRESS	303 Liberty St.	
CITY-ST-ZIP	JACKSONVILLE FL	54 CITY-ST-ZIP	Jacksonville, FL 32202	
TITLE	D	61 TITLE	D	☐ Change ☐ Addition
NAME	PLATT, MYLEY A.	62 NAME	Platt, myley	
STREET ADDRESS	303 NORTH LIBERTY STREET	63 STREET ADDRESS	303 Liberty street	
CITY-ST-ZIP	JACKSONVILLE FL	64 CITY-ST-ZIP	Jacksonville, FL 32202	

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: Tracey LeSage Tracey LeSage 4.7.95 904.353.7334
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0014044 CP