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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

חחכווו	MENT# 6	01909	(0)						
1. Corporation	n Name	91808	(0)						
BILL	ARFLIN BONDING	AGENCY, INC).			1 FBB (10 B) (10 FB) (10 FB) (10 FB)		HIL BIRAD RIBAD S	NAMERIA BIRIN BIRIN KA
Principal Place	of Business		failing Address						
303 NORTH LIBERTY STREET 303 NO			303 NORTH LIBERT JACKSONVILLE FL						
						3. Date Incorporated or Qualified 06/24/1981	3a . D	ate of Last I	,
Principal Pla	ace of Business	2a 26	Mailing Address			4. FEI Number 59-2096232		11,11	Applied For
Suite, Apt. 4	#, etc.		Suite, Apt. #, etc.		-	5. Certificate of Status Desired			Not Applicabl 5 Additional
City & State)	27	City & State			6. Election Campaign Financing			Required May Be
Ζφ	Country	28	Zip	Country		Trust Fund Contribution 8. This corporation has liability for	 intangible	Adde	ed to Fees
	25 9. Name and Address	29 s of Current Regis	stered Agent	30		Florida Statutes Yes 10. Name and Address of New F	F □ No		188.002,
			10102 1184111	81	Name	TU. Name BIIU AUGIESS UI NEW F	(egistere	d Agent	
)ne, frank jr. Atlantic blvd.			82	Street Addr	et Address (P.O. Box Number is Not Acceptable)			
	ONVILLE FL			83					·
				84	City			85 Z	ip Code
								11	
. Pursuant to	o the provisions of Section	s 607,0502 and 60	7.1508, Florida Statut	es, the above nar	•	ation submits this statement for the nu	F	banaina ite	registered offi
	o the provisions of Section ed agent, or both, in the St h, and accept the obligatio	s 607,0502 and 60 ate of Florida. Such as of, Section 607.0	7.1508, Florida Statut i change was authoriz 0505, Florida Statutes	es, the above nar ed by the corpora i.	•	ation submits this statement for the pur d of directors. I hereby accept the app	rpase of a ointment	hanging its as registered	registered offi d agent. I am
SNATURE	Signature, typed or printed name of n	egistered agent and title if a	a;roicable (NC	OTE: Registered Agent se	med corpora ation's boar	when reinstating	pose of cointment :	hanging its as registered	
SNATURE S	Signature, typed or printed name of n OFF		aşırdıcable (NC	DTE: Registered Agent si	med corpora ation's board gnalure required	when reinstang: ADDITIONS/CHANGES TO OFF	pose of cointment :	hanging its as registered	DRS IN 12
SNATURE .	Signature, typed or printed name of ri OFF PTMD	egistered agent and title if a	a;roicable (NC	TE: Registered Agent si	med corpora ation's board gnalure required	ADDITIONS/CHANGES TO OFF	pose of cointment :	hanging its as registered	DRS IN 12
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SIGNATURE: Tracey Le Sage H-19-96 904 353 7334

CR2E034 (12/95)