

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 691808

(0)

1. Corporation Name

BILL ARFLIN BONDING AGENCY, INC.

Principal Place of Business

903 NORTH LIBERTY STREET
JACKSONVILLE FL 32202

Mailing Address

903 NORTH LIBERTY STREET
JACKSONVILLE FL 32202-2726

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

30

9. Name and Address of Current Registered Agent

TASSONE, FRANK JR.
1833 ATLANTIC BLVD.
JACKSONVILLE FL

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 legal representative

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
STMD
LASAGE, TRACEY F
303 N LIBERTY ST
JACKSONVILLE FL

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
LOWERY, VONCILE
303 N LIBERTY ST
JACKSONVILLE, FL 00000

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
SCOTT, CLINTON
303 NORTH LIBERTY STREET
JACKSONVILLE, FL 00000

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CD
ARFLIN, TRACY
303 NORTH LIBERTY STREET
JACKSONVILLE, FL 32202

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
SCHOLL, CAREY F
303 LIBERTY ST.
JACKSONVILLE FL

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
PLATT, MYLEY A.
303 LIBERTY ST.
JACKSONVILLE FL

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

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

FILED
Jun 16 1997 8:00am
Secretary of State



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