

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

FILED
Jun 25 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **691808** (0)
1. Corporation Name
BILL ARFLIN BONDING AGENCY, INC.

Principal Place of Business 303 NORTH LIBERTY STREET JACKSONVILLE FL 32202	Mailing Address 303 NORTH LIBERTY STREET JACKSONVILLE FL 32202
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 08/24/1981	
4. FEI Number 59-2006232	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent TASSONE, FRANK JR. 1833 ATLANTIC BLVD. JACKSONVILLE FL	
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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 FL

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 of agent, title) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	STMD
NAME	LASAGE, TRACEY F
STREET ADDRESS	303 N. LIBERTY ST.
CITY-ST-ZIP	JACKSONVILLE FL
TITLE	PD
NAME	LOWERY, VONCILE
STREET ADDRESS	303 N LIBERTY ST
CITY-ST-ZIP	JACKSONVILLE, FL 00000
TITLE	VP
NAME	SCOTT, CLINTON
STREET ADDRESS	303 NORTH LIBERTY STREET
CITY-ST-ZIP	JACKSONVILLE, FL 00000
TITLE	CD
NAME	ARFLIN, TRACY
STREET ADDRESS	303 NORTH LIBERTY STREET
CITY-ST-ZIP	JACKSONVILLE, FL 32202
TITLE	D
NAME	SCHOLL, CAREY F
STREET ADDRESS	303 LIBERTY ST.
CITY-ST-ZIP	JACKSONVILLE FL
TITLE	D
NAME	PLATT, MYLEY A.
STREET ADDRESS	303 LIBERTY ST.
CITY-ST-ZIP	JACKSONVILLE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	LeSage
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I 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.

CR2E034 (10/97)