## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996 F89995 DOCUMENT # 1. Corporation Name

(7)

JOE BOND SALES, INC.



| Principal Place of Business Mailing Address  1235 C-621 FAST 1235 CR 621 E |   |   |                               |   |  |  |                              |                        |                 |
|--|---|---|-------------------------------|---|--|--|------------------------------|------------------------|-----------------|
| 1235 G-621 EA<br>LAKE PLACID   |   | LAKE PLACID FL 33852  |                               |   | <u> </u>   |  |                              |                        |                 |
|  |   | us  |                               | 3. Date incorporated or Qualified   3a. Date of L   07/09/1982   05/0 |  | e of Last Re<br>5/01/199               | Last Report<br>)1/1995       |                        |                 |
| 2. Principal Plan  | ce of Business  | 2a. Mailing Address   |                               |   | 4. FEI Numbe                                     | 40505                                  | - 1                          |                        | Applied For     |
| 2. Principal Place of Business 1 195 OLD STATE RD. 8 26 195 OLD STATE      |   |   | ATE KI                        | ۶ 🔻   | 59-22  | 16505                                  |                              |                        | Not Applicable  |
| Suite, Apt. #, etc.  |   | Suite, Apt. #, etc.   |                               | 5. Certificate  | of Status Desired                                |  |                              | Additional<br>Required |                 |
| City & State 3 VENUS, FL   |   | City & State  28 VENUS  FL  |                               | l l   | ampaign Financing<br>Contribution                |  |                              | May Be<br>to Fees      |                 |
| Zip  | Country   | Zip   | Coun                          | iry   | 8. This corpo                                    | ration has liability fo                | r intangible                 | tax under s            | 199.032,        |
| Z12 3396 G   | D 25 HIGHLANDS  | 29 33960  | 30 H                          | CHLAN   | PS Florida Sta                                   |  | s No                         |                        |                 |
|  | 9. Name and Address of Currer   | it Registered Agent   |                               | <del></del>   | 10. Name and                                     | Address of New                         | Registered                   | Agent                  |                 |
|  |   |   | 1                             | Name  |  |  |                              |                        |                 |
| BOND, J  |   |   | Ī                             | 32 Street A   | idress (P.O. Box Nur                             | nber is Not Accepta                    |                              |                        |                 |
| 1235 C-621 EAST  |   |   |                               | 19  | 5 040 5  | TATE KD                                | 8                            |                        |                 |
| LARE-PL  | ACID PL 33852   |   | 1                             | 33  |  |  |                              |                        |                 |
|  | •   |   | Ī                             | B4 City /   |  |  | FI                           | 85 3                   | Code            |
|  |   |   |                               | 1/2   | NUS  | -1-1                                   |                              |                        | 276 D           |
| 11. Pursuant to  | o the provisions of Sections 607.050  | ≧ and 607.1508, Florida Statute<br>ida. Such change was authorize | es, the above<br>ad by the co | e-named cor<br>prooration's t   | poration submits this<br>poard of directors. I h | statement for the pereby accept the ap | iurpose oi o<br>ipointment a | is registered          | agent. I am     |
| familiar witi  | o the provisions of Sections 607.050f<br>ed agent, or both, in the State of Flori<br>h, and accept the soligations of Sec | tion 607.0505, Florida Statutes.                                  | ĺ                             |   |  |  |                              | 4/26                   | 101             |
| SIGNATURE _  | toe x bough   | (JOE BON  | (0)                           |   |  |  | DATE                         | 4/26                   | 140             |
|  |   |   | TE: Registered A              | gent signature rec  | quired when reinstating)  ΔDDITION:              | S/CHANGES TO OF                        |                              | ID DIRECTO             | PRS IN 12       |
| 12.  | STD OFFICERS AN   | ID DIRECTORS  | 1.1 TIT                       | īE T  | ADDITION   | 3/OFFAITGES TO CI                      | TIOE/10:                     | Chan je                | Addition        |
| TITLE  | BOND, OLGA S  |   | 1.2 NAI                       |   |  |  |                              | _ ,                    | _               |
| NAME   | 195 OLD ST. RD. 8   |   |                               | REET ADDRESS  |  |  |                              |                        |                 |
| STREET ADDRESS   | VENUS FL 33960  |   |                               |   |  |  |                              |                        |                 |
| CITY - ST - ZIP  | PD PD   | ☐ DELETE  | 2 1 III                       | Y-ST-ZIP  |  |  |                              | Change                 | ☐ Addition      |
| TITLE  | BOND, JOE   | ☐ octete  | 2 1 111<br>2 2 NAI            |   |  |  | -1                           |                        |                 |
| NAME   | 1235 %-621 EAST   |   |                               | REET ADDRESS  | 195 OID<br>VENUS,                                | STATE RI                               | 0,8                          |                        |                 |
| STREET ADDRESS   | LAKE PLAÇID FL 33852  |   |                               | 1   | VENUC  | FL 33                                  | 960                          |                        |                 |
| CITY-ST-ZiP  | DAKE FEAQUOTE 33032   | DELETE  | 3. 1 TH                       | Y-ST-ZIP  | VEIVUS,  |  |                              | Change                 | Addition        |
| TITLE  |   | [ Deteri  | 3.1 NA                        |   |  |  |                              |                        |                 |
| NAME   |   |   |                               | REET ADDRESS  |  |  |                              |                        |                 |
| STREET ADDRESS   |   |   |                               |   |  |  |                              |                        |                 |
| CITY-ST-ZIP  |   | ☐ DELETÉ  | 4, 1 TI                       | Y-ST-ZIP  |  |  |                              | Charige                | ☐ Addition      |
| TITLE  |   |   | 4.2 NA                        |   |  |  |                              |                        |                 |
| NAME   |   |   |                               | REET ADDRESS  |  |  |                              |                        |                 |
| STREET ADDRESS   |   |   |                               |   |  |  |                              |                        |                 |
| CITY-ST-ZIP  |   | DELETE  | 5, 1 Tr                       | TLE   |  |  |                              | ☐ Char ge              | Addition        |
| TITLE  |   | Coccio  | 5.2 NA                        |   |  |  |                              |                        | •               |
| NAME   |   |   |                               | REET ADDRESS  |  |  |                              |                        |                 |
| STREET ADDRESS   |   |   |                               | IY-ST-ZIP   |  |  |                              |                        |                 |
| C(TY - S1 - ZIP  |   | ☐ D€LETE  | 5.4 CI<br>6. 1 TI             |   |  |  |                              | ☐ Charige              | Addition        |
| TIFLE  |   | Doctor  | 6.2 NA                        | l l   |  |  |                              | _ ,                    |                 |
| NAME   |   |   |                               | REET ADDRESS  |  |  |                              |                        |                 |
| STREET ADDRESS   |   |   | 1                             | TY-ST-ZIP   |  |  |                              |                        |                 |
| CITY-ST-ZIP  | ov certify that the information supplied  | Lwith this filipp is voluntarily furr                             | ished and                     | does not our  | lify for the exemption                           | stated in Section 1                    | 19.07(3)(k).                 | Florida Statu          | ites. I further |

I do nereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(R). 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.

941-465-0198