

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

CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
95 APR -3 PM 4: 52

DOCUMENT # **H52786** (1)  
1. Corporation Name  
**CENTRAL FLORIDA BONDING, INC.**

Principal Place of Business Mailing Address  
**3910 S. JOHN YOUNG PARKWAY UNIT D ORLANDO FL 32839**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **04/17/1985** 3a. Date of Last Report **04/22/1994**  
4. FEI Number **59-2569783** 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  
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address  
21 **2911 W 39th St** 26 **2911 W 39th St**  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
22 27  
23 **Orlando, Fla** 28 **ORLANDO FLA**  
City & State City & State  
24 **32839** 25 **Orange** 29 **32839** 30 **ORANGE**  
Zip County Zip County

9. Name and Address of Current Registered Agent  
**MONCRIEF, RUSSELL BRUCE**  
**3910 S. JOHN YOUNG PARKWAY**  
**UNIT D**  
**ORLANDO FL 32839**

10. Name and Address of New Registered Agent  
81 Name **Cox, George Leo**  
82 Street Address (P.O. Box Number is Not Acceptable) **2911 W 39th St**  
83  
84 City **ORLANDO** FL 85 Zip Code **32839**

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 *George L Cox* DATE **3/27/95**

12. OFFICERS AND DIRECTORS

TITLE	<b>P</b>
NAME	<b>COX, GEORGE LEO</b>
STREET ADDRESS	<b>18225 RALSTON STR</b>
CITY - ST - ZIP	<b>ORLANDO FL</b>
TITLE	<b>VP</b>
NAME	<b>COX, SHERILYN SUE</b>
STREET ADDRESS	<b>18225 RALSTON STR</b>
CITY - ST - ZIP	<b>ORLANDO FL</b>
TITLE	<b>ST</b>
NAME	<b>THOMPSON, WILLIAM</b>
STREET ADDRESS	<b>2216 PLYMOUTH-SORRENTO RD</b>
CITY - ST - ZIP	<b>APOPKA FL</b>
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
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 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(1)(k), Florida Statutes. I further certify that the information included 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 hereof, or on an attached form with an addition.

SIGNATURE: *George Leo Cox* DATE: **3/27/95**  
SIGNATURE AND TYPE IN PRINTED NAME OF SIGNING OFFICER OR DIRECTOR