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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

FILED

Apr 17 1997 8:00am

Secretary of State

(96/6)

0096363

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT # H52786

appears in Block 12 or Block 13 if changed

SIGNATURE:

CENTRAL FLORIDA BONDING, INC. Principal Place of Business Mailing Address 2911 W. 39TH ST. 2011 W. 39TH ST. ORLANDO FL 32839-8636 ORLANDO FL 32839 3. Date Incorporated or Qualified 3a. Date of Last Report 04/17/1985 05/01/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-2569783 26 21 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Country Z_{1D} Country $Z_{\rm IP}$ This corporation has liability for intangible tax under s. 199 032, Florida Statutes Yes No 24 29 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 61 Name COX, GEORGE L 2911 W. 39TH ST. Street Address (P.O. Box Number is Not Acceptable) ORLANDO FL 32839 83 RA City 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 Signative, typical or ponted name of registered agent and title if applicable, (NOTE: Registered Agent signature required when reinstaling) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12 OFFICERS AND DIRECTORS 13. Addition DELETE Chang 1.1 TITLE 71117 COX, GEORGE LEO NAMI 1.2 NAME 19225 RALSTON STR STREET ADDRESS 13 STREET ADDRESS ORLANDÓ FL CHTV - ST - ZIP 1.4 CITY-ST-ZIP DELETE Addition TIFLE 2.1 TITLE DELORAS, GARCIA 2.2 NAME MAM 2911 W. 39TH ST. STREET ADDRESS 2.3 STREET ADDRESS ORLANDO FL 32839 2 4 CITY-ST-ZIP CHY-ST-ZIE DELETE Change Addition Tille 3.1 TITLE NAME THOMPSON, WILLIAM 3.2 NAME 2216 PLYMOUTH-SORRENTO RD STREET ADDRESS 3.3 STREET ADDRESS APOPKA FL CiTY - 51 - 7(P 3.4. CITY-ST-ZIP DELETE THEF 41 TITLE ☐ Change Addition NAME 4 2 NAME STHEE! ADDRESS 4.3 STREET ADDRESS 4.4 City - ST - ZiP CRY \$1-79 DELETE Change Addition THILE 5.1 TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS CHTY+S!-ZIP 5.4 CITY-ST-ZIP DELETE 6.1 TITLE Change Addition TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS CITY - S1 - ZiP 64 CITY-ST-ZIP

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

on an attachment with an address.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING

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