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**FILED**  
**Mar 25, 1999 8:00 am**  
**Secretary of State**

03-25-1999 90026 045 \*\*\*150.00

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
 Katherine Harris  
 Secretary of State  
 DIVISION OF CORPORATIONS

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



Principal Place of Business: 2911 W. 39TH ST. ORLANDO FL 32839 US  
 Mailing Address: 2911 W. 39TH ST. ORLANDO FL 32839 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business (21-23) and 2a. Mailing Address (26-30) fields.

3. Date Incorporated or Qualified: 04/17/1985  
 4. FEI Number: 59-2569783  
 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 owes the current year Intangible Personal Property Tax:  Yes  No

9. Name and Address of Current Registered Agent  
 COX, GEORGE L  
 2911 W. 39TH ST.  
 ORLANDO FL 32839

10. Name and Address of New Registered Agent  
 81 Name: George Leo Cox  
 82 Street Address (P.O. Box Number is Not Acceptable): 2911 W 39th St 300  
 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* (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input checked="" type="checkbox"/> DELETE	1.1 TITLE	Pres. <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	QUINN, SCOTT	1.2 NAME	George L Cox
STREET ADDRESS	2911 W 39TH ST	1.3 STREET ADDRESS	2911 W 39th St
CITY-ST-ZIP	ORLANDO FL	1.4 CITY-ST-ZIP	ORLANDO, FL 32839
TITLE	VP <input checked="" type="checkbox"/> DELETE	2.1 TITLE	VP <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DELORAS, GARCIA	2.2 NAME	Hadi Khosari
STREET ADDRESS	2911 W. 39TH ST.	2.3 STREET ADDRESS	2911 W 39th St
CITY-ST-ZIP	ORLANDO FL 32839	2.4 CITY-ST-ZIP	ORLANDO, FL 32839
TITLE	S <input checked="" type="checkbox"/> DELETE	3.1 TITLE	S/T <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COX, GEORGE	3.2 NAME	Deloras Garcia
STREET ADDRESS	19225 RALSTON ST	3.3 STREET ADDRESS	2911 W 39th St
CITY-ST-ZIP	ORLANDO FL 32833	3.4 CITY-ST-ZIP	ORLANDO, FL 32839
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE: *George L Cox* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: Pres Date: 3/22/99 Daytime Phone #: 407-841-3646

CR2E034 (11/98)