

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

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

03-25-1999 90026 045 ***150.00

01 03578

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
 3. Date Incorporated or Qualified
04/17/1985

2. Principal Place of Business (21-23) and 2a. Mailing Address (26-30) fields with sub-headers for Suite, City & State, Zip, and Country.

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**
 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* (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)