

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **H88870**

(1)

1. Corporation Name

MONCRIEF BAIL BONDS, INC.



Principal Place of Business

**3910 S JOHN YOUNG PKWY
ORLANDO FL 32839-8653
US**

Mailing Address

**3910 S JOHN YOUNG PKWY
ORLANDO FL 32839-8653
US**

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

**CULTON, ROBERT H., II
5100 HOWELL BRANCH ROAD
WINTER PARK FL 32792**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 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 607.0604, Florida Statutes.

SIGNATURE

Signature of Registered Agent (Print Name, Title, and Address)

Signature of Agent (Print Name, Title, and Address)

DATE

12. OFFICERS AND DIRECTORS

1. TITLE ☐ DELETE

**PST
MONCRIEF, RUSSELL B.
3910 S JOHN YOUNG PKWY
ORLANDO FL**

2. TITLE ☐ DELETE

3. TITLE ☐ DELETE

4. TITLE ☐ DELETE

5. TITLE ☐ DELETE

6. TITLE ☐ DELETE

7. TITLE ☐ DELETE

8. TITLE ☐ DELETE

9. TITLE ☐ DELETE

10. TITLE ☐ DELETE

11. TITLE ☐ DELETE

12. TITLE ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE ☐ Change ☐ Addition

2. NAME

3. STREET ADDRESS

4. CITY-STATE-ZIP

5. TITLE ☐ Change ☐ Addition

6. NAME

7. STREET ADDRESS

8. CITY-STATE-ZIP

9. TITLE ☐ Change ☐ Addition

10. NAME

11. STREET ADDRESS

12. CITY-STATE-ZIP

13. TITLE ☐ Change ☐ Addition

14. NAME

15. STREET ADDRESS

16. CITY-STATE-ZIP

17. TITLE ☐ Change ☐ Addition

18. NAME

19. STREET ADDRESS

20. CITY-STATE-ZIP

21. TITLE ☐ Change ☐ Addition

22. NAME

23. STREET ADDRESS

24. CITY-STATE-ZIP

25. TITLE ☐ Change ☐ Addition

26. NAME

27. STREET ADDRESS

28. CITY-STATE-ZIP

29. TITLE ☐ Change ☐ Addition

30. NAME

31. STREET ADDRESS

32. CITY-STATE-ZIP

33. TITLE ☐ Change ☐ Addition

34. NAME

35. STREET ADDRESS

36. CITY-STATE-ZIP

SIGNATURE:

Russell Bruce Moncrief, Pres.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Russell Bruce Moncrief

4-8-96

407 423 2000
Executive Office

CR2E034 (12/95)