

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

PROFIT  
CORPORATION  
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Morham

Secretary of State

FLORIDA CORPORATIONS

1996 3-7-96

B-1955

C

DOCUMENT # J17375

(3)

1. Corporation Name

T. H. POOLE'S BONDING AGENCY, INC.

Principal Place of Business

1033 SMITH ST EUSTIS, FL 32726  
P O BOX 1334  
EUSTIS FL 32727

Mailing Address

1033 SMITH ST EUSTIS, FL 32726  
P O BOX 1334  
EUSTIS FL 32727



3. Date Incorporated or Qualified

06/03/1986

3a. Date of Last Report

03/14/1995

4. FEI Number

59-2635981

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$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

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

POOLE, RENA D.  
1033 SMITH STREET  
EUSTIS FL 32726

10. Name and Address of New Registered Agent

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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title (if any)

(NOTE: Registered Agent's signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

PCD  
POOLE, THOMAS H., SR.  
1033 SMITH STREET  
EUSTIS FL

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

STD  
POOLE, RENA D.  
1033 SMITH STREET  
EUSTIS FL

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

D  
POOLE, THOMAS H., JR.  
1033 SMITH STREET  
EUSTIS FL

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

D  
CALDWELL, RENE' P.  
1033 SMITH STREET  
EUSTIS FL

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

☐ DELETE

☐ DELETE

☐ DELETE

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 110.07(3)(k), 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.

SIGNATURE:

*Rena D. Poole STD*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Rena D. Poole

3/2/96

352/357-3490

CR2E034 (12/95)