

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

FILED

Jan 21 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/03/1986

4. FEI Number

59-2635981

Applied For
Not Applicable

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 or has paid the current year intangible
Personal Property Tax due June 30. ☐ 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	28 Zip
24 Country	29 Country
USA	USA

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 applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PCD	<input type="checkbox"/> DELETE
NAME	POOLE, THOMAS H., SR.	
STREET ADDRESS	1033 SMITH STREET	
CITY-ST-ZIP	EUSTIS FL	

TITLE	STD	<input type="checkbox"/> DELETE
NAME	POOLE, RENA D.	
STREET ADDRESS	1033 SMITH STREET	
CITY-ST-ZIP	EUSTIS FL	

TITLE	D	<input type="checkbox"/> DELETE
NAME	POOLE, THOMAS H., JR.	
STREET ADDRESS	1033 SMITH STREET	
CITY-ST-ZIP	EUSTIS FL	

TITLE	D	<input type="checkbox"/> DELETE
NAME	CALDWELL, RENE' P.	
STREET ADDRESS	1033 SMITH STREET	
CITY-ST-ZIP	EUSTIS FL	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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)(l), 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**

1-6-98

352-357-3490

CR2E034 (10/97)