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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K49334

(1)

JAMES BOND AGENCY, INC.

FILED

Jan 27 1998 8:00am

Secretary of State

					IONY ON SHAND HILDE NVOO KUU O		81611 B 817 B 8	
Principal Place of Business Mailing Address				1101		101 010 11 01011	Atan inan	1. 81611 (46)
501 N. ORLAN	IDO AVENUE	•						
SUITE 155		501 N. ORLANDO AVENUE SUITE 155			DO NOT WORKE IN THIS SOLOT			
WINTER PARK FL 32789		WINTER PARK FL 32789		A D-1-	DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified			
					•			
9 Principal D	lace of Rusiness	2a. Mailing Address			5/1988			unlind For
2. Principal Place of Business		<u> </u>			4. FEI Number		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		29	59-2920879			ot Applicable Additional
22		27		5. Certifi	cate of Status Desired	X		equired
City & State		City & State		• Clastic	on Campaign Financing			_
23		28			Fund Contribution	П		May Be to Fees
Zip	Country	Zip	Country		orporation owes or has p			
24	25	├ ─1	30		nal Property Tax due Jun] No
,	g, Name and Address of Curre			10, Name	and Address of New R	egistered	Agent	
BO	ND, JAMES M.		81 Na	ame				
	N. ORLANDO AVE., SUITE 155	1	82 St	root Address (O.O. De	Alumbas in blot Appanta	-lala)	··	
	TE 110	•	62 30	82 Street Address (P.O. Box Number is Not Acceptable)				
	ITER PARK FL 32789		83					
****	THE SELECTION			···-		· · · · · · · · · · · · · · · · · · ·	T. 1 =.	
			84 Ci	ty		FL	85 Zip	Code
11. Pursuant	to the provisions of Sections 607.050	02 and 607, 1508, Florida Statute	s, the above-na	med corporation subn	its this statement for the	purpose o	f changing	ts registered
office or re	egi ste rod agent, or both, in the State m f a miliar with, an d a ccept the oblig	o of Florida. Such change was a pations of Section 607 0505. Flor	uthorized by the rida Statutes	corporation's board of	f directors. I hereby acce	ept the app	ointment as	registered
	The man that and dooopt the oonig		rica Diaratos.					
SIGNATURE	Signature, typed or printed name of registered ag	ont and title if applicable (NOTF	Registered Agent sig	nature required when reinstating	(8)	DATE		
12.	OFFICERS AN	D DIRECTORS	13.	ADDITI	ONS/CHANGES TO OFFI	CERS AND	DIRECTOR	RS IN 12
TITLE	P	☐ DELETE	1.1 TITLE				☐ Change	Addition
NAME	BOND, JAMES M.		1.2 NAME					
STREET ADDRESS	5095 PARKRIDGE CT		1.3 STREET ADDA	ESS				
CITY-ST-ZIP	OMEDO FL		1.4 CITY-ST-ZIP					
TITLE	8	☐ DELETE	2.1 TITLE				Change	Addition
NAME	BOND, BRENDA J		2.2 NAME					
STREET ADDRESS	5095 PARKRIDGE CT		2.3 STREET ADDR	ESS	4.	-		
CITY-ST-ZIP	OVIEDO FL		2. 4 CITY-ST-ZIF					
TITLE	*	☐ DELETE	3.1 TITLE				Change	Addition
NAME			3.2 NAME					
STREET ADDRESS			3.3 STREET ADDR	ESS				
CITY-ST-ZIP			3.4. CITY - ST - ZIF					
TITLE		☐ DELETE	4.1 TITLE				Change	Addition
NAME			4. 2 NAME					
STREET ADDRESS			4.3 STREET ADDR	ESS				
CITY-ST-ZIP			4.4 CITY-ST-ZIP					
TITLE		DELETE	5.1 TITLE				☐ Change	Addition
NAME			5.2 NAME					
STREET ADDRESS			5.3 STREET ADDR	ess				
CITY-ST-ZIP			5.4 CITY-ST-ZIP					
TITLE		DELETE	61 TITLE				Change	Addition
NAME	-		6.2 NAME	ĺ				
STREET ADDRESS			6.3 STREET ADDR	ESS				
CITY-ST-ZIP			6.4 CITY - S1 - ZIP					Ĭ

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.

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m. R. J

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