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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K56806

(8)

MARY'S BONDING AGENCY, INC.

| WATER O BONDING AGENOT, INC. | | | | |
|--|--|--|--|--|
| Principal Place of Business | Mailing Address | | | DEN CEREN DIDIN DIBIH DEDEN 1991 |
| 13710 49TH ST N | 13710 49TH ST N | | | |
| UNIT A | UNIT A | | DO NOT WRITE IN THIS | C CDACE |
| CLEARWATER FL 34622 US | CLEARWATER FL 34622 US | | 3. Date incorporated or Qualified | 3 SPAUE |
| 00 | 03 | | 01/10/1989 | |
| 2. Principal Place of Business | 2a. Mailing Address | | 4. FEI Number | Applied For |
| 21 | 26 | | 59-2949742 | Not Applicable |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. | | 5. Certificate of Status Desired | \$8.75 Additional |
| 22 | 27 | | 5. Certificate of Status Desired | Fee Required |
| City & State | City & State | | 6. Election Campaign Financing | \$5.00 May Be |
| 23 | 28 | Courte | Trust Fund Contribution | Added to Fees |
| Zip Country | Zip | Country | 8. This corporation owes or has paid the c | urrent year Intangible Yes No |
| g, Name and Address of Curren | | 30 | Personal Property Tax due June 30. 10. Name and Address of New Registered | |
| SIZEMORE, NADINE | | 81 Name | 10. | |
| 13710 49TH ST. N. UNIT A | | 82 Street Addre | (D.O. Day N. palacia Net Assaultable) | |
| CLEARWATER FL 34622 | | 62 Street Addre | ess (P.O. Box Number is Not Acceptable) | |
| | | 83 | | |
| | | 84 City | | 85 Zip Code |
| | | | F | _ |
| 11. Pursuant to the provisions of Sections 607.0503 office or registered agent, or both, in the State agent. I am familiar with, and accept the obligations of the state of th | 2 and 607.1508, Florida Statute of Florida, Such change was a stigen 607.0505. Florida statute | s, the above-named corporation of the corporation o | oration submits this statement for the purpose on's board of directors. I hereby accept the ap | of changing its registered opointment as registered |
| | moris or, section our loscs, i lo | ilda Sialdies. | | |
| SIGNATURE Signature, typed or printed name of registered ages | | Registered Agent signature require | | |
| SIGNATURE Signature, typed or printed name of registered age: 12. OFFICERS AND | nt and little if applicable (NOTE) | Registered Agent signature require | | ND DIRECTORS IN 12 |
| SIGNATURE Signature, typed or printed name of registered age 12. OFFICERS AND TITLE D | nt and title if applicable (NOTE | Registered Agent signature require 13. 1.1 TITLE | ad when reinstating) DATE | |
| SIGNATURE Signature, typed or printed name of registered age 12. OFFICERS AND TITLE D NAME SIZEMORE, NADINE | nt and little if applicable (NOTE) | Registered Agent signature require 13. 1.1 TITLE 1.2 NAME | ad when reinstating) DATE | ND DIRECTORS IN 12 |
| SIGNATURE Signature, biped or printed name of registered age: 12. OFFICERS AND TITLE D NAME SIZEMORE, NADINE STREET ADDRESS 13710 49TH ST. N. #A | nt and little if applicable (NOTE) | Registered Agent signature require 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS | ad when reinstating) DATE | ND DIRECTORS IN 12 |
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14. I hereby certify that the information supplied with this filling 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 15 if changed, or on an attachment withan address.

6.3 STREET ADDRESS

IGNATURE: Jadine Disencare

STREET ADDRESS

1-6-98 (813) 1-6-98 (813) 821-40/8

FILED

Jan 16 1998 8:00am

Secretary of State

CR2E034 (10/97