FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
'95 APR 28 PM 6:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L25136 (7)

1. Corporation Name
GREEN COVE SPRINGS BAIL BONDS, INC.

Principal Place of Business	Mailing Address
831 N PALMETTO AVE P.O. 1205 GREEN COVE PRINGS FL 32043	831 N PALMETTO AVE P.O. 1205 GREEN COVE PRINGS FL 32043

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 10/25/1989
3a. Date of Last Report: 04/21/1994

2. Principal Place of Business	2a. Mailing Address
21 829 N. PALMETTO AVE.	26 829 N. PALMETTO AVE
Suite, Apt. #, etc. 22 N/A	Suite, Apt. #, etc. 27 N/A
City & State 23 GREEN COVE SPRINGS FL	City & State 28 GREEN COVE SPRINGS FL
Zip 24 32043 Country 25 U.S.	Zip 29 32043 Country 30 U.S.

4. FEI Number 59-2977743 ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

LARRY K. SECHREST
831 N PALMETTO AVE
GREEN COVE SPRINGS FL 32043

10. Name and Address of New Registered Agent

81 Name N/A
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 L Sechrest LARRY K. SECHREST PRES. 4-25-95
(Signature required for appointment of registered agent and title if applicable) (NOTE: Registered Agent signature required when mandatory) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☐ Change ☐ Addition
NAME	SECHREST, LARRY K.	12 NAME	
STREET ADDRESS	831 N PALMETTO AVE	13 STREET ADDRESS	
CITY-ST-ZIP	GREEN COVE SPRGS FL	14 CITY-ST-ZIP	
TITLE		21 TITLE	☐ Change ☐ Addition
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY-ST-ZIP		24 CITY-ST-ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

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 119.07(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: L Sechrest LARRY K. SECHREST 4-25-95 AC 904 284-6164
SIGNATURE AND TYPED OR PRINTED NAME OF MAKING OFFICER OR DIRECTOR — Date — Daytime Phone #

0400004 FP