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FILED
Mar 10 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # L25136 (7)

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



Principal Place of Business

829 N. PALMETTO AVE.
GREEN COVE SPRINGS FL 32043
US

Mailing Address

829 N. PALMETTO AVE.
P.O. 1205
GREEN COVE SPRINGS FL 32043-1205
US

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.
Delete P.O. Box 1205

27 City & State

28 Zip

Delete - 1205

29 Country

30

3. Date Incorporated or Qualified

10/25/1989

3a. Date of Last Report

05/09/1996

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

No

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

No

\$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

Philip B. Roemelin

82

Street Address (P.O. Box Number is Not Acceptable)

829 N. PALMETTO AVE.

83

84

City
Green Cove Springs

FL

85 Zip Code

32043

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

Philip B. Roemelin

Philip B. Roemelin

21 JAN. 97

Signature type: typed name of registered agent or state if applicable

(NOTE: Registered Agent Signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME SECHREST, LARRY K.
STREET ADDRESS 831 N PALMETTO AVE
CITY-ST-ZIP GREEN COVE SPRGS FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PRESIDENT/DIRECTOR
1.2 NAME Roemelin, Philip B.
1.3 STREET ADDRESS 829 N. PALMETTO AVE.
1.4 CITY-ST-ZIP GREEN COVE SPRINGS, FL, 32043

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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.

SIGNATURE:

Philip B. Roemelin

21 JAN. 97

(904) 284-6164

Date Daytime Phone

CR2E034 (9/96)