FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED

95 MAY -1 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N15736** **(4)**

1. Corporation Name

TRI-COUNTY BONDING ASSOCIATION, INC.

Principal Place of Business	Mailing Address
3910 S. JOHN YOUNG PARKWAY SUITE A ORLANDO FL 32839-8653 US	3910 S. JOHN YOUNG PARKWAY SUITE A ORLANDO FL 32839-8653 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/07/1986
3a. Date of Last Report: 03/10/1994
4. FEI Number: 26-3783790 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 3708-D So John Young Pky	26 PO Box 140
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 D	27
City & State	City & State
23 ORLAND FL	28 ORL FL
Zip / Country	Zip / Country
24 32839 / 25 ORANGE	29 32801 / 30 ORANGE

5. Certificate of Status Desired ☐ — **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

SNAPP, MICHAEL C.
3910 WHITCOMB AVENUE
SUITE A
ORLANDO FL 32809

10. Name and Address of New Registered Agent

81 Name: Joseph Machules
82 Street Address (P.O. Box Number is Not Acceptable): 3708-D South John Young Pky
83
84 City: ORLANDO FL 85 Zip Code: 32839

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: Joseph Machules Pres — 4-4-94
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	11 TITLE		☐ Change ☐ Addition
NAME	MACHULES, JOE	12 NAME		
STREET ADDRESS	3708-D S. JOHN YOUNG PARKWAY	13 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL	14 CITY-ST-ZIP		
TITLE	DV	21 TITLE	DV	☑ Change ☐ Addition
NAME	VON ACHEN, JOHN	22 NAME	ALLEN, Charlie	
STREET ADDRESS	3708-A S. JOHN YOUNG PARKWAY	23 STREET ADDRESS	3800 So. John Young Pky	
CITY-ST-ZIP	ORLANDO FL	24 CITY-ST-ZIP	ORL FL 32839	
TITLE	DS	31 TITLE	DS	☑ Change ☐ Addition
NAME	COX, GEORGE L.	32 NAME	MONCRIEF, BRUCE	
STREET ADDRESS	2911 W. 39TH ST.	33 STREET ADDRESS	3910 So John Young Pky	
CITY-ST-ZIP	ORLANDO FL	34 CITY-ST-ZIP	ORL. FL 32839	
TITLE	DT	41 TITLE	DT MONCRIEF, BRUCE	☑ Change ☐ Addition
NAME	SNAPP, MICHAEL C.	42 NAME		
STREET ADDRESS	3910-A S. JOHN YOUNG PARKWAY	43 STREET ADDRESS	3910 So John Young Pky	
CITY-ST-ZIP	ORLANDO FL	44 CITY-ST-ZIP	ORL. FL 32839	
TITLE		51 TITLE	DV	☐ Change ☑ Addition
NAME		52 NAME	TROMBINO, TERRY	
STREET ADDRESS		53 STREET ADDRESS	2201 So French Ave #4	
CITY-ST-ZIP		54 CITY-ST-ZIP	SANFORD FL 32771	
TITLE		61 TITLE	DV	☐ Change ☑ Addition
NAME		62 NAME	Wheeler, Bill	
STREET ADDRESS		63 STREET ADDRESS	750 Office Plaza Blvd #304	
CITY-ST-ZIP		64 CITY-ST-ZIP	Lks FL 34744	

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)(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or added by attachment with an address.

SIGNATURE: Joseph Machules — 4-4-94 — 407 425-4007
SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER — Date — Daytime Phone #

0034748