

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # N15736 (4)

1. Corporation Name

TRI-COUNTY BONDING ASSOCIATION, INC.



Principal Place of Business

Mailing Address

~~3708-D S. JOHN YOUNG PKWY 3023 STE D~~  
ORLANDO FL 32839 US

P.O. BOX 140  
~~SUITE A~~  
ORLANDO FL 32801 US

3. Date Incorporated or Qualified  
07/07/1986

3a. Date of Last Report  
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

4. FEI Number  
26-3783790

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

10. Name and Address of New Registered Agent

MACHULES, JOSEPH

~~3708-D S. JOHN YOUNG PKWY~~ 3023 39<sup>th</sup> STREET  
~~SUITE A~~  
ORLANDO FL 32839

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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	<input type="checkbox"/> DELETE
NAME	MACHULES, JOE	
STREET ADDRESS	3708-D S. JOHN YOUNG PARKWAY	
CITY-ST-ZIP	ORLANDO FL	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	ALLEN, CHARLIE	
STREET ADDRESS	3800 SO. JOHN YOUNG PKWY	
CITY-ST-ZIP	ORLANDO FL	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	MONCRIEF, BRUCE	
STREET ADDRESS	3910 S. JOHN PKWY	
CITY-ST-ZIP	ORLANDO FL	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	MONCRIEF, BRUCE	
STREET ADDRESS	3910 S JOHN YOUNG PKWY	
CITY-ST-ZIP	ORLANDO FL	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	TROMBINO, TERRY	
STREET ADDRESS	2201 S. FRENCH AVE, STE 4	
CITY-ST-ZIP	SANFORD FL	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	WHEELER, BILL	
STREET ADDRESS	750 OFFICE PLAZA BLVD, STE 304	
CITY-ST-ZIP	KISSIMMEE FL	

1.1 TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	JOE MACHULES	
1.3 STREET ADDRESS	3023 39 <sup>th</sup> STREET	
1.4 CITY-ST-ZIP	ORLANDO, FL 32839	
2.1 TITLE	DV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	GEORGE COX	
2.3 STREET ADDRESS	2911 39 <sup>th</sup> STREET	
2.4 CITY-ST-ZIP	ORLANDO, FL 32839	
3.1 TITLE	DS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	DESSIE CASTELL	
3.3 STREET ADDRESS	901 HACK AVE.	
3.4 CITY-ST-ZIP	ORLANDO, FL 328	
4.1 TITLE	DT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	NOLA ALLEN	
4.3 STREET ADDRESS	3800 S. JOHN YOUNG PKWY #B	
4.4 CITY-ST-ZIP	ORLANDO, FL 32839	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Nola J. Allen* NOLA J. ALLEN

2-16-96 407-422-1638

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E037 (12/95)