

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 39th STREET~~
~~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

26

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 39th 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 th 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 th 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

NOLA J. ALLEN

2-16-96

407-422-1638

Date

Daytime Phone #

CR2E037 (12/95)