


FILE NOW: FILING FEE IS \$61.25

FILED  
Mar 24 1997 8:00am  
Secretary of State

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|--|--|---|---|
| NONPROFIT CORPORATION<br>ANNUAL REPORT<br>1997   |  | <br>FLORIDA DEPARTMENT OF STATE<br>Sandra B. Mortham<br>Secretary of State<br>DIVISION OF CORPORATIONS               |   |
| DOCUMENT # N15736 (4)  |  |   |   |
| 1. Corporation Name<br>TRI-COUNTY BONDING ASSOCIATION, INC.  |  |   |   |
| Principal Place of Business<br>3023039TH STREET<br>ORLANDO FL 32839<br>US  |  | Mailing Address<br>P.O. BOX 140<br>ORLANDO FL 32802-0140<br>US  |   |
| 2. Principal Place of Business<br>21 3800 S. JOHN YOUNG PKWY<br>Suite, Apt. #, etc.<br>22 #A<br>City & State<br>23 ORLANDO FL<br>Zip<br>24 32839   |  | 2a. Mailing Address<br>26 Suite, Apt. #, etc.<br>27<br>City & State<br>28<br>Zip<br>29<br>Country<br>30   |   |
| 3. Date Incorporated or Qualified<br>07/07/1986  |  | 3a. Date of Last Report<br>02/27/1996   |   |
| 4. FEI Number<br>26-3783790  |  | Applied For<br>Not Applicable   |   |
| 5. Certificate of Status Desired <input type="checkbox"/>  |  | \$8.75 Additional Fee Required  |   |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>  |  | \$5.00 May Be Added to Fees   |   |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  |  |   |   |
| 9. Name and Address of Current Registered Agent<br>MACHULES, JOSEPH<br>3023 39TH STREET<br>ORLANDO FL 32839  |  | 10. Name and Address of New Registered Agent<br>81 Name<br>82 Street Address (P.O. Box Number is Not Acceptable)<br>3800 S. JOHN YOUNG PKWY<br>83 #A<br>84 City<br>ORLANDO<br>85 Zip Code<br>FL 32839 |   |
| 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 agent 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.<br>SIGNATURE: <u>JOSEPH MACHULES</u> DATE: <u>3/19/97</u><br>(NOTE: Registered Agent signature required when reinstalling)   |  |   |   |
| 12. OFFICERS AND DIRECTORS   |  | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12   |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | DP<br>MACHULES, JOE<br>3023 39TH STREET<br>ORLANDO FL<br><input type="checkbox"/> DELETE                 | 1.1 TITLE<br>1.2 NAME<br>1.3 STREET ADDRESS<br>1.4 CITY - ST - ZIP  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br>3800 S. JOHN YOUNG PKWY #A<br>ORLANDO, FL 32839               |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | DV<br>COX, GEORGE<br>2911 39TH STREET<br>ORLANDO FL<br><input type="checkbox"/> DELETE                   | 2.1 TITLE<br>2.2 NAME<br>2.3 STREET ADDRESS<br>2.4 CITY - ST - ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | DS<br>CASTRELL, DESSIE<br>801 MACK AVENUE<br>ORLANDO FL<br><input type="checkbox"/> DELETE               | 3.1 TITLE<br>3.2 NAME<br>3.3 STREET ADDRESS<br>3.4 CITY - ST - ZIP  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br>DS<br>ENGEL, SUZANNE<br>411 E. JACKSON ST #103<br>ORLANDO, FL |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | DT<br>ALLEN, NOLA<br>3800 S JOHN YOUNG PKWY #B<br>ORLANDO FL<br><input type="checkbox"/> DELETE          | 4.1 TITLE<br>4.2 NAME<br>4.3 STREET ADDRESS<br>4.4 CITY - ST - ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | DV<br>TROMBINO, TERRY<br>2201 S. FRENCH AVE, STE 4<br>SANFORD FL<br><input type="checkbox"/> DELETE      | 5.1 TITLE<br>5.2 NAME<br>5.3 STREET ADDRESS<br>5.4 CITY - ST - ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | DV<br>WHEELER, BILL<br>750 OFFICE PLAZA BLVD, STE 304<br>KISSIMMEE FL<br><input type="checkbox"/> DELETE | 6.1 TITLE<br>6.2 NAME<br>6.3 STREET ADDRESS<br>6.4 CITY - ST - ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.<br>SIGNATURE: <u>JOSEPH MACHULES</u> DATE: <u>3/19/97</u> 407-425-4007<br>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR |  |   |   |

CR2E037 (9/96)