FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY 19 AM 10: 15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

DOCUMENT # P93000012989 (8)

1. Corporation Name

CAPITOL BONDING AND INSURANCE, INC.

Principal Place of Business	Mailing Address
825 THOMASVILLE RD. TALLAHASSEE FL 32312 US	825 THOMASVILLE RD. TALLAHASSEE FL 32303 US

3. Date Incorporated or Qualified: 02/19/1993
3a. Date of Last Report: 08/08/1994
4. FEI Number: 59-3174392 ☐ 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. 199.02? Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

9. Name and Address of Current Registered Agent

CONNER, JAMES C JR
1157 E TENNESSEE STREET
TALLAHASSEE FL 32308

10. Name and Address of New Registered Agent

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 607.0502 or 617.0502, 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

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	MOORE, DAVID M SR
STREET ADDRESS	2609 LUCERNE DRIVE
CITY-ST-ZIP	TALLAHASSEE FL 32303
TITLE	D
NAME	FAUST, ANDY T JR
STREET ADDRESS	2240 ARMISTEAD ROAD
CITY-ST-ZIP	TALLAHASSEE FL 32312
TITLE	D
NAME	FRANKLIN, WILLIAM J
STREET ADDRESS	768 RHODEN COVE ROAD
CITY-ST-ZIP	TALLAHASSEE FL 32312
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS (TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP; ☐ Change ☐ Addition — blank)

14. I the undersigned, 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: ANDY T. FAUST, JR [signature] — 5/17/95 — 904 681 9733

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0026327 CP