SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 8, 1995.
AMOUNT DUE ON OR BEFORE 8/8/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT

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

1995725595 B 7925-2

FILED
95 JUL 25 AM 10:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000073833 (4)

1. Corporation Name
A.L. THREATS BAIL BONDS INC.

Principal Place of Business	Mailing Address
750 S.O.B.T. SUITE 1 ORLANDO FL 32805	750 S.O.B.T. SUITE 1 ORLANDO FL 32805

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/25/1993
3a. Date of Last Report: 10/05/1994

2. Principal Place of Business
21 750 S.O.B.T
Suite, Apt. #, etc.
22 Suite 1
City & State
23 Orlando, FL 32805
Zip 24 32805 Country 25 ORANGE

2a. Mailing Address
26 750 S.O.B.T
Suite, Apt. #, etc.
27 Suite 1
City & State
28 Orlando, FL
Zip 29 32805 Country 30 ORANGE

4. FEI Number: 59-3211561 ☐ 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

THREATS, ARTHOR
4421 SCENIC LK DR
ORLANDO FL 32808

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 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 [signature] 7.1.95
(signature of new registered agent, if applicable) (signature of current registered agent, if changed) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE	D	☑ Change ☐ Addition
NAME	THREATS, ARTHOR	12 NAME	Threats, Arthor	
STREET ADDRESS	4421 SCENIC LK DR	13 STREET ADDRESS	2403 Stricker Dr	
CITY-ST-ZIP	ORLANDO FL 32808	14 CITY-ST-ZIP	Ocoee, FL 32808	
TITLE	D	21 TITLE	D	☑ Change ☐ Addition
NAME	THREATS, ROBIN	22 NAME	Threats, Robin	
STREET ADDRESS	4421 SCENIC LK DR	23 STREET ADDRESS	2403 Stricker Dr	
CITY-ST-ZIP	ORLANDO FL 32808	24 CITY-ST-ZIP	Ocoee, FL 32805	
TITLE		31 TITLE		☐ Change ☐ Addition
NAME		32 NAME		
STREET ADDRESS		33 STREET ADDRESS		
CITY-ST-ZIP		34 CITY-ST-ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

CR2E034 (3/95)

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 changed, added or deleted with an address.

SIGNATURE: [signature] 7.1.95 1.800.788.9137
SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING OFFICER OR DIRECTOR — Date — Daytime Phone #

0134212 FP