FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

Feb 07 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9400006211 (4)

BOUNTY HUNTER, INC.

Principal Place of Business

STREET ADDRESS.

SIGNATURE:

City-St-7iP

150 GULF SHORE DR. UNIT 503. WATERVIEW TOWER DESTIN FL 32541		150 GULF SHORE DR. UNIT 503. WATERVIEW TOWER DESTIN FL 32541-5030		3. Date Incorporated or Qualified 01/14/1994	3a. Date of 01/23/1		port			
	ace of Business	2a. Mailing Address				4. FEI Number			plied For	
21		26				59-3314834			t Applicable	
Suite, Apt. (#, etc	Suite, Apt. #, etc.				5. Certificate of Status Desired	□ \$	Fee Required		
City & State	?	City & State				Election Campaign Financing		5.00		
23		28				Trust Fund Contribution		Added to		
Zip 24	Country 25	2 ip 29	30	intry	······································		Yes 🙎 No	2	199.032,	
	9. Name and Address of Curren	t Registered Agent		81	*1	10. Name and Address of New Re	platered Ager	<u>at</u>		
	AKLEY, JOHN N		:	81	Name					
150 GULF SHORE DR.				82	Street Addre	reet Address (P.O. Box Number is Not Acceptable)				
UNIT 503, WATERVIEW TOWER DESTIN FL 32541				83		······································				
	,,,,,,,			84	City		85	Zip C	'ode	
				54	City		FL "	Lipt	,vue	
office or re agent I as SIGNATURE	to the provisions of Sections 607,050 egistered agent or both, in the State in farm air with, and accept the oblig	of Florida. Such change was ations of, Section 607.0505, I	s authorize Florida Stai	d by tutes	the corporati	oration submits this statement for the pon's board of directors. I hereby accepted when reinstance)	orpose or cha the appointn	nent as i	registered	
12.	OFFICERS AN		13.	u nge	in angliatore require	ADDITIONS/CHANGES TO OFFIC		ECTOR	S IN 12	
JOLE	D	☐ DELETE	1.1 TI	TLE				Change	Addition	
NAME	BLEAKLEY, JOHN N		1.2 N	AME						
STREET ADORESS	150 GULF SHORE DR., UNIT !	503	1.3 \$	TREET	ADDRESS					
CITY-ST-ZIF	DESTIN FL 32541		1.4 C	ITY-\$	T-ZIP					
TITLE	ST	☐ DELETE	2.1 TI				Ш	Change	Addition	
NAME	BLEAKLEY, DOROTHY	20	2.2 N							
STREET ADDRESS	150 GULF SHORE DR UNIT 50	J3			ADDRESS					
CITY-SI-7/2	DESTIN FL 32541	DELETE	2. 4 C		ST - ZIP		35 U	Change	Addition	
NAME	BLEAKLEY, JOHN N.S.	had pecele	3.1 N		1	•••				
STREET ADDRESS	150 GULF SHORE DR UNIT 50	03			ADDRESS					
City-St-72	DESTIN FL 32541				ST - ZIP					
THLE		☐ DELETE	4.1 T					Change	Addition	
NAME			4.28	IAME			,			
STREET ADDRESS			4.3 S	TREET	address					
CITY+ST ZIP					T-ZIP			<u></u>	1000	
TITLE		☐ DELETE	5.1 TI				L	Change	Addition	
NAME			52 N							
STREET ADDRESS					ADDRESS					
CITY - ST - 76°		DELETE	54 C 61 Ti	*******	T-ZIP		11	Change	Addition	
TILE		ר"ו מנרכוב	62 N					ur sariyu	Zidulidii	
NAM:			02 N	MME	1					

63 STREET ADDRESS

64 CITY-ST-ZIP

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