

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION,
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Gwentha B. Northam
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000009213 (7)

HIGGINBOTHAM BAIL BONDS, INC.

**APPROVED
AND
FILED**

95 APR -7 AM 4:53

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

Principal Place of Business	Mainly Address
3904 OLD NASSAUVILLE RD. FERNANDINA BEACH FL 32034	3904 OLD NASSAUVILLE RD. FERNANDINA BEACH FL 32034

DO NOT WRITE IN THIS SPACE

2. Higginbotham Bail Bonds, Inc.	2a. Mailing Address:
21. 104 S.R. 200 Hwy. A1A Suite #1	2b. Suite, Apt. #, etc.
22. Fernandina Beach, FL 32034	23. City & State
(904) 277-7035	24. City & State
25. Zip	26. Country
27. Zip	28. Country

3. Date first organized or qualified	3a. Date of Last Report
02/04/1994	
4. FEI Number	Applied For
59-3230869	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
☐	
6. Election Campaign Financing	\$5.00 May Be Added to Fees
Trust Fund Contribution	
☐	
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes.	Yes No
☐	☐

9. Name and Address of Current Registered Agent
81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
85. Zip Code

10. Name and Address of New Registered Agent
81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
85. Zip Code

11. Pursuant to the provisions of Sections 607.01 and 607.02, Florida Statutes, the above named corporation's signatory hereby certifies that the purpose of changing its registered office or registered agent is within the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept this appointment as registered agent. I am familiar with and accept the obligations of Sections 607.01 and 607.02, Florida Statutes.

Signature: _____ **Print Name:** _____ **Title:** _____

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1. NAME	1. NAME
2. STREET ADDRESS	2. STREET ADDRESS
3. CITY	3. CITY
4. STATE	4. STATE
5. ZIP	5. ZIP
6. TITLE	6. TITLE
7. DATE	7. DATE
8. SIGNATURE	8. SIGNATURE
9. DATE	9. DATE
10. NAME	10. NAME
11. STREET ADDRESS	11. STREET ADDRESS
12. CITY	12. CITY
13. STATE	13. STATE
14. ZIP	14. ZIP
15. TITLE	15. TITLE
16. DATE	16. DATE
17. SIGNATURE	17. SIGNATURE
18. DATE	18. DATE
19. NAME	19. NAME
20. STREET ADDRESS	20. STREET ADDRESS
21. CITY	21. CITY
22. STATE	22. STATE
23. ZIP	23. ZIP
24. TITLE	24. TITLE
25. DATE	25. DATE
26. SIGNATURE	26. SIGNATURE
27. DATE	27. DATE
28. NAME	28. NAME
29. STREET ADDRESS	29. STREET ADDRESS
30. CITY	30. CITY
31. STATE	31. STATE
32. ZIP	32. ZIP
33. TITLE	33. TITLE
34. DATE	34. DATE
35. SIGNATURE	35. SIGNATURE
36. DATE	36. DATE

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and deemed reliable for the exemption subject to Section 137.01(4), Florida Statutes. I further certify that the information is disclosed on the annual report or supplemental annual report as 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 officer or director empowered to execute the report as required by Chapter 607, Florida Statutes, and that my name appears on Block 1 of the Block 1 of the report or on an attachment with any address.

SIGNATURE: *H. B. Higginbotham*
PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: *Herman B. Higginbotham*
DATE: *4-4-95* **AC 904** **277-7035**