

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

STATE OF FLORIDA
DIVISION OF CORPORATIONS

1995



OFFICE OF THE SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

MAY 1 1995 10:18

DOCUMENT # P94000049480 (4)

ABC BAIL BONDS, INC.

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

1. Name and Address of Current Registered Agent 101 CAPRI ISLES BLVD 3 VENICE FL 34292		2a. Mailing Address 101 CAPRI ISLES BLVD 3 VENICE FL 34292		3. Date incorporated or qualified 06/28/1994		3a. Date of Last Report N/A	
21. State Agent #		26. State Agent #		4. FID Number 65-0510511		Applied For Not Applicable	
22. City, State		27. City, State		5. Certificate of Status Desires ☐		\$8.75 Additional Fee Required	
23. City, State		28. City, State		6. Election Campaign Financing Trust Fund Contribution ☐		\$5.00 May Be Added to Fees	
24. City, State		29. City, State		30. City, State		3. The corporation has submitted a completed form to the Florida Statutes ☒ Yes ☐ No	

9. Name and Address of Current Registered Agent WHITE, WILLIAM A 101 CAPRI ISLES BLVD, 3 VENICE FL 34292				10. Name and Address of New Registered Agent			
81. Name				82. Street Address (P.O. Box Number is Not Acceptable)			
83. City				84. State			
85. Zip Code				FL			

11. Pursuant to the provisions of Sections 400.01(1) and 400.02(1) of the Florida Statutes, the above named corporation hereby certifies that the purpose of changing its registered office or registered agent is to comply with the provisions of the Florida Statutes, and that the change was authorized by the corporation's board of directors. I hereby certify the appointment of a registered agent. I am familiar with and prepared to complete the requirements of the Florida Statutes. I hereby certify.

SIGNATURE: _____

12. EXISTING AND PREVIOUS		13. ADDITIONAL CHANGES TO CURRENTLY APPLICABLE	
NAME	D/ WHITE, WILLIAM A	NAME	D/V/S
STREET ADDRESS	287 TRINITY RD	STREET ADDRESS	3970 ALBIN AVE.
CITY	VENICE FL 34293	CITY	NORTH PORT, FL 34287
NAME	D WHITE, CAROL S	NAME	D/P/T
STREET ADDRESS	287 TRINITY RD	STREET ADDRESS	3970 ALBIN AVE.
CITY	VENICE FL 34293	CITY	NORTH PORT, FL 34287
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY		CITY	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY		CITY	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY		CITY	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY		CITY	

14. I hereby certify that the above changes required with this filing are voluntarily made and that I am qualified for the execution of this filing. I hereby certify that the above changes are required with this filing are voluntarily made and that I am qualified for the execution of this filing. I hereby certify that the above changes are required with this filing are voluntarily made and that I am qualified for the execution of this filing. I hereby certify that the above changes are required with this filing are voluntarily made and that I am qualified for the execution of this filing.

SIGNATURE: *William A. White* WILLIAM A WHITE 4/21/95 813-484-9888