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FILED
Jun 23 1997 8:00am
Secretary of State

SECRETARY
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P9410000570260

1. Corporation Name

JAGUAR BAIL BONDS INC.

Principal Place of Business

Mailing Address

327 E. Bay ST.
JACKSONVILLE FLA.

327 E. Bay ST.
JACKSONVILLE, FLA.

2. Principal Place of Business

21 327 E. Bay ST.

Suite, Apt. #, etc.

22

City & State

23 JACKSONVILLE, FLA.

Zip

24 32202

Country

25 Duval

2a. Mailing Address

26 327 E. Bay ST.

Suite, Apt. #, etc.

27

City & State

28 JACKSONVILLE, FLA.

Zip

29 32202

Country

30 Duval

9. Name and Address of Current Registered Agent

Dale R. Bowman
208-A N. WASHINGTON ST.
JACKSONVILLE, FLA. 32202

3. Date Incorporated or Qualified

8-2-94

3a. Date of Last Report

5-24-96

4. FFI Number

593335148

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

10. Name and Address of New Registered Agent

81 Name Steven KOSLOW

82 Street Address (P.O. Box Number is Not Acceptable)

327 E. BAY ST.

83

84 City JACKSONVILLE

FL

85 Zip Code 32202

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: STEVEN KOSLOW

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE Dale R. Bowman ☒ DELETE

NAME 208-A N. WASHINGTON ST.

STREET ADDRESS JACKSONVILLE, FLA. 32202

TITLE SHERY B. Bowman ☒ DELETE

NAME 208 N. WASHINGTON ST.

STREET ADDRESS JACKSONVILLE, FLA. 32202

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE Greg L Phillips ☒ Change ☐ Addition

12 NAME 327 E. Bay ST.

13 STREET ADDRESS JACKSONVILLE FLA. 32202

14 CITY-ST-ZIP ☐ Change ☒ Addition

21 TITLE Steven Koslow

22 NAME 327 E. Bay ST.

23 STREET ADDRESS JACKSONVILLE, FLA. 32202

24 CITY-ST-ZIP ☐ Change ☐ Addition

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

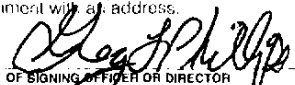
64 CITY-ST-ZIP

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****173.75 ****173.75

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 attachment with an address.

SIGNATURE: Greg L Phillips  5-3-97 904-353-5244

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)

I Greg L Phillips did not receive
the 1998 Annual Report and hereby
request the late fee be waived.

Greg Phillips