

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

CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 MAY 26 AM 8:41

DOCUMENT # **P94000086792 (6)**

1. Corporation Name  
**BOND PORTFOLIO, INC.**

Principal Place of Business <b>3403 HAVERSHAM CLUB DRIVE CUMMING GA 30131</b>	Mailing Address <b>3403 HAVERSHAM CLUB DRIVE CUMMING GA 30131</b>
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **11/30/1994** 3a. Date of Last Report  
**NA**

4. FEI Number  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**

7. The corporation has liability for intangible tax under §. 199.032,  
Florida Statutes  Yes  No

2. Principal Place of Business 21. <b>101-D Meadow Drive</b> Suite, Apt. #, etc. 22. <b>Suite D</b> City & State 23. <b>Cumming Georgia</b> Zip 24. <b>30130</b>	2a. Mailing Address 26. <b>101-D Meadow Drive</b> Suite, Apt. #, etc. 27. <b>Suite D</b> City & State 28. <b>Cumming, Georgia</b> Zip 29. <b>30130</b>	Country 25. <b>Forayth</b>	Country 30. <b>Forayth</b>
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9. Name and Address of Current Registered Agent  
**CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324**

10. Name and Address of New Registered Agent  
81. Name **NA**  
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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D PHILLIPS, DAVID 3403 HAVERSHAM CLUB DRIVE CUMMING GA 30131</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE 2. NAME 3. STREET ADDRESS 4. CITY - ST - ZIP	<b>D Phillips, David P. 101-D Meadow Drive Cumming, GA. 30130</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 110.07(3)(k), Florida Statutes. I further certify that the information included 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 partner 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: *David P. Phillips* **David P. Phillips (D)** May 1, 1995 404-886-9262  
(Type Name)