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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000009628 1. Corporation Name

FILED Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90294 007 ***150.00

	BAIL BUNDS, INC.						
Principal Place of B	Risinges	Mailing Address				DOME BILL	
•	†	-					
1093 HWY 19 NORTI Suite-d=	IH	PO BOX 1155					
PALATKA FL 32177	, I	PALATKA FL 32178			DO NOT WRITE IN THI	S SPACE	
US	1	US			3. Date Incorporated or Qualifed		
					02/01/1995	11.	No. d E
2. Principal Place		2a. Mailing Address			4. FEI Number		oplied For
21 1093 N	· · · · · · · · · · · · · · · · · · ·	26 (2. 0 5) Ox. Suite, Apt. #, etc.	1155		59-3296815		ot Applicable Additional
Suite, Apt. #, et	stc.	27			5. Certifcate of Status Desired	• -	equired
City & State		City & State	_		6. Election Campaign Financing	\$5.00	May Be
23 PALATE	KA FL.	28 PALATKA	FL		Trust Fund Contribution	Added	· .
Zip	Country	Zip	Coun		8. This corporation owes the current year I	ntangible 🔍	
24 32177	25 PutAAM	29 32178	30 P (JTN AM	Personal Property Tax.	☐ Yes	P No
9.	9. Name and Address of Curren	t Registered Agent			10. Name and Address of New Registered	d Agent	
INICOALA	A CHADIES D		[Name			
INGRAM, CHARLES D 1093 HWY 19 NORTH				Street Ad	dress (P.O. Box Number is Not Acceptable)		
SUITE D			ŀ	33			
	A FL 32177			,3			
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				34 City	F	85 Zip	Code
44 Disease to th	he provisions of Sections 607 050	2 and 607 1508 Florida Statut	es the ah	ve-named col	reporation submits this statement for the numose (of changing its	registered
) Affice or regist	stered agent, or both, in the State i	of Florida. Such change was a	utnonzea	ov the corbora	tion's board of directors. I hereby accept the app	ointment as re	gistered
agent. I am far	amiliar with, and accept the obligat	tions of, Section 607.0505, Flo	rida Statui	es.			
SIGNATURE	nature, typed or printed name of registered agen	nt and title if applicable. (NOTE	: Registered A	gent signature regui	ired when reinstating) DATE		
12.	OFFICERS AN	ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS A		
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14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR