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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P95000036436

NATIONAL NOTARY BONDING, CORP.

							(8) (8) (10) (10) (11)	66)113 8 8 1131 6 11	
Principal Plac	ce of Business .	Mailing Addre	ess				III BELFI BEFIL WO	IEB 17118 BJ111 BJ1	
1906 HOWELL	BRANCH	P O BOX 940	489						
WINTER PARK FL 32792 MAITLAND FL 32794			32794			, no war			
US		US					WRITE IN TH	IS SPACE	
						 Date Incorporated or Qual 05/09/1995 	ifed .		
2. Principal F	Place of Business	2a. Mailing A	ddress			4. FEI Number			Applied For
21		26				59-3401344			Vot Applicable
Suite, Apt.	#, etc.	Suite, Apt	t. #, etc.			5. Certifcate of Status Desire	•d 🗆	\$8.75	Additional
22 .		27				5. Certificate of Status Desire	ю 🗆	Fee	Required
City & Star	te	City & Sta	ate			6. Election Campaign Finance	ing	\$5.0	0 мау Ве
23		28				Trust Fund Contribution	L.J	Adde	d to Fees
Zip	Country	Zip	_	Country	/	8. This corporation owes the	current year	Intangible	
24	25	29	36	0		Personal Property Tax.		☐ Yes	IX No
•	9. Name and Address of Current	Registered Age	nt		_	10. Name and Address of N	ew Registere	d Agent	7
111 00	W EDEDDY DEDDOG		•	81	Name				
5 [6 7 7 7 7 7 7	CKLEBERRY, DERRICK	<i>;</i> ·		82	Street Add	ress (P.O. Box Number is Not Acc	entable)		~
	6 HOWELL BRANCH ROAD	<i>;</i> ;		02	Street Addi	ress (r.o. pox number is not Acc	rehignie)	rain a discrete	
WIN	TER PARK FL 32792			83			2 1 1	11. 12. 12.	5 41.3.4
•							指導的法		And the
- 3	•			84	City	, , ,	F	85 Zi	Code Code
11 Pursuant	to the provisions of Sections 607.0502	and 607 1508 F	Iorida Statutes	the above	e-named corn	oration submits this statement for			ts registered
office or i	redistered agent, or both, in the State o	of Florida: Such ch	nance was auth	orized by	the corporation	on's board of directors. I becally a	ccept the app	ointment as	registered
					me corporant	on a board of directors. I hereby a			
ি agent. I a	im familiar with, and accept the obligati	ions of, Section 60	07.0505, Florid	a Statutes	ine corporation.	on a board of directors. Thereby a			
signature		ions'of, Section 60	07.0505, Florida	a Statutes	5.				
SIGNATURE	Signature, typed or printed name of registered agent	ions of, Section 60	07.0505, Florida	a Statutes	5.	d when reinstating)	DATE DATE		
SIGNATURE	Signature, typed or printed name of registered agent OFFICERS AND	ions of, Section 60 and title if applicable. DDIRECTORS	07.0505, Florida (NOTE: Re	a Statutes	5.	id when reinstating) ADDITIONS/CHANGES TO			
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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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE

STREET ADDRESS

CITY-ST-ZIP

FILED

Feb 08, 1999 8:00am

Secretary of State

02-08-1999 90056 011 ***150.00