SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996 AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.) FLORIDA DEPARTMENT OF STATE PROFIT CORPORATION Sandra B. Morthan ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1996 P95000039736 (0) **DOCUMENT #** R.W. BOND & ASSOCIATES, INC. Mailing Address Principal Place of Business 366 FOXRIDGE ROAD 366 FOXRIDGE ROAD **ORANGE PARK FL 32065 ORANGE PARK FL 32065** 3a. Date of Last Report 3. Date Incorporated or Qualified 5/18/95 05/18/1995 Applied For FEI Number Mailing Address Principal Place of Business 2a. 2. 9-3316251 Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired Suite Ant # etc. Fee Required 27 22 \$5.00 May Be City & State 6. Election Campaign Financing City & State Added to Fees Trust Fund Contribution 28 23 This corporation has liability for intangible tax under s. 199.032, Zıp Country Country Zip Yes 🔀 No Florida Statutes 30 29 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name HEAD, KOKO Street Address (P.O. Box Number is Not Acceptable) ONE INDEPENDENT DRIVE SUITE 3000 83 JACKSONVILLE FL 32202 Zip Code 85 84 City 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. Thereby accept the appointment as registered agent. Lam familiar with and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE (NOTE: Registure) Agent signature required when reinstating) inelitypeshor productionance of may dened agend and the ill applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. Change X Addition 12. DELETE 1.1 TITLE PRESIDENT TITLE RICHARD W. BOND 366 FOXALDRE ROAD 1.2 NAME NAME 1.3 STREET ADDRESS STREET ADDRESS ORANGE PAPEL FLORINA 14 CITY - ST - ZIP CITY - S1 - ZIP Change Addition DELETE 2111118 TIFLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2 4 CITY - ST-ZIP CITY - ST - ZIP Change Addition DELETE TITLE 32 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4 CITY - \$1 - 2IP CITY - S1 - ZIP Change Addition DELETE 4 1 TIFLE TITLE 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP Change Addition DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5 3 STREET ADDRESS STREET ADDRESS 5 4 CITY - ST - ZIP CITY - S1 - ZIP Change Addition DELETE 6.1 Tille TIFLE 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS The heavy certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

Rights W. 13 343

7/23/94

904-272-4793 6.4 CITY - ST - ZIP

DITY-ST-ZIP

SIGNATURE:

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