

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

May 06 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P95000041532 (9)

1. Corporation Name

PREMIUM BONDING & INSURANCE SERVICES, INC.



Principal Place of Business

5700 MEMORIAL HIGHWAY  
SUITE 111  
TAMPA FL 33615  
US

Mailing Address

5700 MEMORIAL HIGHWAY  
SUITE 111  
TAMPA FL 33615-5200  
US

3. Date Incorporated or Qualified  
05/26/1995

3a. Date of Last Report  
05/01/1996

2. Principal Place of Business

21 5200 S. Washington Ave.

2a. Mailing Address

26 5200 S. Washington Ave.

4. FEI Number

59-3322282

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

City & State

23 Titusville, FL

City & State

28 Titusville, FL

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

Zip

Country

24 32780

25

Zip

Country

29 32780

30

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

TROCKE, MICHAEL T  
101 E KENNEDY BOULEVARD  
SUITE 2500  
TAMPA FL 33602

81 Name

James Neal Hutchinson, Jr.

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

5200 S. Washington Ave.

83

84 City

Titusville

FL

85 Zip Code

32780

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

*James Neal Hutchinson, Jr.*  
James Neal Hutchinson, Jr.

(NOTE: Registered Agent signature required when reinstating)

4/29/97

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE  
NAME D  
O'Blander, Larry A.  
STREET ADDRESS 5700 MEMORIAL HIGHWAY SUITE 111  
CITY-ST-ZIP TAMPA FL 33685

1.1 TITLE V ☒ Change ☐ Addition  
1.2 NAME O'Blander, Larry A.  
1.3 STREET ADDRESS 5200 S. Washington Ave.  
1.4 CITY-ST-ZIP Titusville, FL 32780

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

2.1 TITLE P/D ☐ Change ☒ Addition  
2.2 NAME Smith, Gary R.  
2.3 STREET ADDRESS 5200 S. Washington Ave.  
2.4 CITY-ST-ZIP Titusville, FL 32780

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

3.1 TITLE V/S ☐ Change ☒ Addition  
3.2 NAME Hutchinson, Jr., James Neal  
3.3 STREET ADDRESS 5200 S. Washington Ave.  
3.4 CITY-ST-ZIP Titusville, FL 32780

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE V ☐ Change ☒ Addition  
4.2 NAME Deane, Ellen  
4.3 STREET ADDRESS 5200 S. Washington Ave.  
4.4 CITY-ST-ZIP Titusville, FL 32780

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE V ☐ Change ☒ Addition  
5.2 NAME Street, Julian  
5.3 STREET ADDRESS 5200 S. Washington Ave.  
5.4 CITY-ST-ZIP Titusville, FL 32780

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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:

*James Neal Hutchinson, Jr.*  
James Neal Hutchinson, Jr.  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/97

DATE

407-269-9680

Daytime Phone #

CR2E034 (9/96)