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FILED  
May 20 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

5200 S. WASHINGTON AVE  
SUITE 111  
TITUSVILLE FL 32780  
US

Mailing Address

5200 S. WASHINGTON AVE.  
SUITE 111  
TITUSVILLE FL 32780  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/28/1995

4. FEI Number

59-3322282

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

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

9. Name and Address of Current Registered Agent

HTUCHINSON, JAMES NEAL  
5200 S. WASHINGTON AVE  
SUITE 2500  
TITUSVILLE FL 32780

10. Name and Address of New Registered Agent

81 Name

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

Signature of registered agent or officer of corporation

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE V  
NAME O'BLANDER, LARRY A.  
STREET ADDRESS 5200 S. WASHINGTON AVE  
CITY-ST-ZIP TITUSVILLE FL ☐ DELETE

TITLE PD  
NAME SMITH, GARY R.  
STREET ADDRESS 5200 S. WASHINGTON AVE.  
CITY-ST-ZIP TITUSVILLE FL ☐ DELETE

TITLE VS  
NAME HUTCHINSON, JAMES NEAL JR  
STREET ADDRESS 5200 S. WASHINGTON AVE.  
CITY-ST-ZIP TITUSVILLE FL ☐ DELETE

TITLE V  
NAME DEANE, ELLEN  
STREET ADDRESS 5200 S. WASHINGTON AVE.  
CITY-ST-ZIP TITUSVILLE FL ☐ DELETE

TITLE V  
NAME STREET, JULIAM  
STREET ADDRESS 5200 S. WASHINGTON AVE.  
CITY-ST-ZIP TITUSVILLE FL ☒ DELETE

TITLE V  
NAME Siebel, Donna L.  
STREET ADDRESS 5200 South Washington Ave  
CITY-ST-ZIP Titusville, FL 32780 ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☒ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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.

CR2E034 (10/97)