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

PROFIT CORPORATION ANNUAL REPORT

1**9**98



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000047051 (4)

BYRON BAIL BONDS, INC.

Principal Place of Business

Mailing Address

FILED May 15 1998 8:00am Secretary of State



3910 8. JOHN ORLANDO FL	1 Yo ung Parkway 3 283 9	3910 S. JOHN YOUNG PAR ORLANDO FL 32839	3910 S. JOHN YOUNG PARKWAY ORLANDO FL 32839		,				
		311-111-1-1-1-1-1-1			DO NOT WRITE IN THIS	SPACE		_	
					3. Date Incorporated or Qualified			1	
9 Principal Pi	ace of Business	2a. Mailing Address		.)	06/12/1995 4. FEI Number	1	oplied For	-	
21 300	ace of Business 1.W.39th 5t	. 26 300 IW.	39-	th St	59-33 74550	1	ot Applicable	1	
Suite, Apy #, etc. 27 Orlando Florida 27 Orlando			FloridA		5. Certificate of Status Desired	\$8.75 Additional			
City & State		City & State			6. Election Campaign Financing	\$5.00			
23 Zup	Country	28 Zin	Country		Trust Fund Contribution	Added t		4	
24 328 3	9 25 U.S.A 9. Name and Address of Curren	29 32839 30	- , 1	5.A	8. This corporation owes or has paid the cu Personal Property Tax due June 30. 10. Name and Address of New Registered	Yes [No No		
)A/F		it negistered Agent	81	Name	10. Name and Address of New Registered	Main		1	
WERNER, BYRON 3910 S. JOHN YOUNG PARKWAY			L						
ORLANDO FL 32839			82 Street Add		ess (P.O. Box Number is Not Acceptable)				
			83					1	
₹.			84	City		85 Zip (Code	+	
5					<u> </u>	• []		1	
11. Pursuant to office or re agent. I an	o the provisions of Sections 607.050 gistered agent, or both, in the State n familiar with, and accept the oblig	12 and 607.1508, Florida Statutes, of Florida. Such change was authations of, Section 607.0505, Florid	the abov norized by a Statute	e-named corp y the corporati s.	oration submits this statement for the purpose o ion's board of directors. I hereby accept the app	f changing its wintment as	s registered registered		
SIGNATURE .								ŀ	
12.	Signature, typed or printed name of ingestered agr OFFICERS AN	ent and title if applicable (NOTE R	ogislered Ag	ont signature require	od when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND	DIRECTOR	RS IN 12	۱ و	
TITLE	D	DELETE	1.1 TITLE		7,001110110701011102010 10 0111023107111	Change	Addition	Ş	
NAME	WERNER, BYRON		1.2 NAME		:			13	
STREET ADDRESS	39 10 S. JOHN YOUNG PARI	KWAY	1.3 STREET	ADDRESS				2	
CITY-ST-ZIP	ORLANDO FL 32839		1.4 CiTY-S	ST-ZIP				18	
TITLE	D	DELETE	2.1 THTLE			Change	☐ Addition	10	
NAME	MONCRIEF, BRUCE	A4444	2.2 NAME						
STREET ADDRESS	8910 S. JOHN YOUNG PARI	KWAY	2.3 STREET	1				1	
CITY-ST-ZIP	ORLANDO FL 32839	Doctro	2. 4 CITY -	S1-ZIP	. <u> </u>	Change	Addition	4	
TITLE	L MEDNED BADUN	DELETE	3.1 TITLE				MODICION	1	
NAME OTOGET ADDRESS	WERNER, BYRON 3910 S JOHN YOUNG PARK	wav I	3.2 NAME	ADDOLOG					
STREET ADDRESS	ORLANDO FL	WINI	3.3 STREFT						
CITY-ST-ZIP	VILLIAND I L	DELETE	3.4. CITY - :	51-2#		Change	Addition	1	
NAME		Land Descrit	4. 2 NAME						
STREET ADDRESS			4.3 STREET	ADDRESS					
CITY-ST-ZIP			4.4 CITY - S	1					
TITLE		☐ DELETE	5.1 TITLE			Change	Addition	1	
NAME			5.2 NAME					1	
STREET ADDRESS			5.3 STREET	ADDRESS				1	
CITY-ST-ZIP			5.4 CITY - S	- 1					
TITLE		DELETE	61 TITLE			Change	Addition	1	
NAME			6.2 NAME						
STREET ADDRESS			6.3 STREET	ADDRESS				17	
CITY-ST-ZIP			6.4 CITY - S	ST-ZIP			ب	ħ,	
44 11 1		112			O TO A SO ASSOCIATION OF THE STATE OF THE ST	- 11 Al 1 II			

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 of 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 a 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 address.