

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.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000080596 (6)

1. Corporation Name

THE BOND CORPORATION, INC.

Principal Place of Business

Mailing Address

1600-56 EAGLES LANDING BLVD
TALLAHASSEE FL 32308

1600-56 EAGLES LANDING BLVD
TALLAHASSEE FL 32308



2. Principal Place of Business

21 415 Montpelier Ct 26 Mailing Address

22 Suite, Apt. #, etc. 27 Suite, Apt. #, etc.

23 Spring Hill FL 34608 28 City & State

24 Zip 25 Country 29 Zip 30 Country

3. Date Incorporated or Qualified

10/20/1995

3a. Date of Last Report

4. FEI Number

06-1398920

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

Yes No

9. Name and Address of Current Registered Agent

BOND, JAMES
1600-56 EAGLES LANDING BLVD
TALLAHASSEE FL 32308

10. Name and Address of New Registered Agent

81 Name BOND JAMES
82 Street Address (R.O. Box Number is Not Acceptable) 415 Montpelier Ct
83
84 City Spring Hill FL 85 Zip Code 34608

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 typed or printed of principal of registered agent and, if applicable,

(If Not Registered Agent Signature Required When Reinstating)

DAR

12. OFFICERS AND DIRECTORS

TITLE Y BOND, JULIE A
NAME
STREET ADDRESS 1600-56 EAGLES LANDING BLVD
CITY - ST - ZIP TALLAHASSEE FL 32308

TITLE VP BOND, JAMES
NAME
STREET ADDRESS 1600-56 EAGLES LANDING BLVD
CITY - ST - ZIP TALLAHASSEE FL 32308

TITLE BOND, JAMES
NAME
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TITLE BOND, JAMES
NAME
STREET ADDRESS 1600-56 EAGLES LANDING BLVD
CITY - ST - ZIP TALLAHASSEE FL 32308

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE VP PRES
12 NAME BOND JAMES
13 STREET ADDRESS 415 Montpelier Ct
14 CITY - ST - ZIP Spring Hill FL 34608

21 TITLE VP
22 NAME Carol L Bond
23 STREET ADDRESS 415 Montpelier Ct
24 CITY - ST - ZIP Spring Hill FL 34608

31 TITLE BOND, JAMES
32 NAME BOND, JAMES
33 STREET ADDRESS 4572 Kirkwood Ave.
34 CITY - ST - ZIP Spring Hill FL 34608

41 TITLE Director - Officer
42 NAME BOND JULIE A.
43 STREET ADDRESS 415 MONTPELIER CT
44 CITY - ST - ZIP Spring Hill FL 34608

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY - ST - ZIP

14. I do hereby 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

SIGNATURE:

Carol L Bond
CAROL L BOND

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-22-96

352-6666-6844

CR2E034 (3/96)