

FILE NOW: FILING FEE AFTER MAY 1 IS \$55.00

FILED
May 05 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Moore Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000043588 (8)**

1. Corporation Name
MINARD BAIL BONDS INC.

Principal Place of Business
**3800 S. JOHN YOUNG PKWY., #2
ORLANDO FL 32839**

Mailing Address
**3800 S. JOHN YOUNG PKWY., #2
ORLANDO FL 32839-8651**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/15/1996		3a. Date of Last Report	
21. Suite, Apt. #, etc.		26. Suite, Apt. #, etc.		4. FEI Number 59-3419534		Applied For ☐ Not Applicable	
22. City & State		27. City & State		5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
23. Zip		28. Zip		6. Election Campaign Financing Trust Fund Contribution ☐		\$5.00 May Be Added to Fees	
24. Country		29. Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No			

9. Name and Address of Current Registered Agent

**MINARD, DARNELL L
3800 S. JOHN YOUNG PKWY., #2
ORLANDO FL 32839**

10. Name and Address of New Registered Agent

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
84. State	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 *Darnell L. Minard* **DARNELL L. MINARD** 4/27/97
Signature of type or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PRESIDENT / C.E.O. ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	DARNELL L. MINARD	1.2 NAME	
STREET ADDRESS	3800 SO. JOHN YOUNG PKWY#2	1.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO, FL 32839	1.4 CITY-ST-ZIP	
TITLE	VICE PRESIDENT ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	JAMAR MINARD	2.2 NAME	
STREET ADDRESS	3800 SO. JOHN YOUNG PKWY#2	2.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO, FL 32839	2.4 CITY-ST-ZIP	
TITLE	VICE PRESIDENT ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	ASHLEY MINARD	3.2 NAME	
STREET ADDRESS	3800 SO. JOHN YOUNG PKWY#2	3.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO, FL 32839	3.4 CITY-ST-ZIP	
TITLE	VICE PRESIDENT ☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	DEATSHA MINARD	4.2 NAME	
STREET ADDRESS	3800 SO. JOHN YOUNG PKWY#2	4.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO, FL 32839	4.4 CITY-ST-ZIP	
TITLE	VICE PRESIDENT ☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	NAOMI E. MINARD	5.2 NAME	
STREET ADDRESS	3800 SO. JOHN YOUNG PKWY#2	5.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO, FL 32839	5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: *Darnell L. Minard*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/97

Date

(407) 481-0060

Daytime Phone #

CR2E034 (9/96)