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FILED

Apr 17 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000085131 (6)

1. Corporation Name

NATIONWIDE BAIL BONDS OF TAMPA, INC.

Principal Place of Business

2512 N ORIENT RD
TAMPA FL 33612

Mailing Address

P O BOX 1046
VALRICO FL 33595-1046



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 2512 N Orient Rd

Suite, Apt. #, etc.

22 City & State

23 Tpa FI

24 33619

Country

25 US

2a. Mailing Address

26 P.O. Box 2161

Suite, Apt. #, etc.

27 City & State

28 Riverview FI

29 33568

Country

30 US

3. Date Incorporated or Qualified

10/11/1996

4. FEI Number

59-3408336

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

9. Name and Address of Current Registered Agent

CHAYKIN, CRAIG A
2802 FALLING LEAVES DR
VALRICO FL 33594

10. Name and Address of New Registered Agent

81 Name

NA

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 typed or printed name of registered agent and title if applicable

President

(NOTE: Registered Agent signature required when reinstating)

DATE

2-2-98

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

NAME CHAYKIN, CRAIG
STREET ADDRESS 2512 N. ORIENT ROAD
CITY - ST - ZIP TAMPA FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE V. P. ☐ Change ☒ Addition

1.2 NAME Kimberly M. Chaykin
1.3 STREET ADDRESS 2512 Orient Rd
1.4 CITY - ST - ZIP Tampa FL 33619

2.1 TITLE Agent ☐ Change ☒ Addition

2.2 NAME Aaron Aaba
2.3 STREET ADDRESS 1704 NW 14th
2.4 CITY - ST - ZIP Miami, FL 33124

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 recorder 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:


SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/2/98

Date

Daytime Phone # 0368307

CR2E034 (10/97)