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Apr 21 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000085600 (0)

1. Corporation Name
DONNA'S BAIL BONDS, INC.

Principal Place of Business
10709 FERNANDO STREET
ORLANDO FL 32825

Mailing Address
10709 FERNANDO STREET
ORLANDO FL 32825-6717



2. Principal Place of Business
21 3815 N. U.S. Highway 1
Suite, Apt. #, etc.
22 60
City & State
23 Cocoa, Florida
Zip
24 32926 Country
25 U.S.A.

2a. Mailing Address
26 3815 N. U.S. Highway 1
Suite, Apt. #, etc.
27 60
City & State
28 Cocoa, Florida
Zip
29 32926 Country
30 U.S.A.

3. Date Incorporated or Qualified
10/14/1996
3a. Date of Last Report
10/14/1996
4. FEL Number
59-3407248
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

TRAVIS, DONNA M
10709 FERNANDO STREET
ORLANDO FL 32825

10. Name and Address of New Registered Agent

81 Name
TRAVIS Donna M
82 Street Address (P.O. Box Number is Not Acceptable)
3815 N. U.S. Highway 1
83 Suite 60
84 City
Cocoa
FL
85 Zip Code
32926

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 *Donna M. Travis*

Signature, typed or printed name of registered agent as applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
P	TRAVIS, WILLIAM T	10709 FERNANDO STREET	ORLANDO FL 32825	<input type="checkbox"/>
V	TRAVIS, DONNA M	10709 FERNANDO STREET	ORLANDO FL 32825	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE	Change	Addition
P	Travis William T	3815 N. U.S. Highway 1 Suite 60	Cocoa, FL 32926	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
V	Travis Donna M	3815 N. U.S. Highway 1 Suite 60	Cocoa, FL 32926	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Ellison Ronald L	3815 N. U.S. Highway 1 Suite 60	Cocoa, FL 32926	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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: *Donna M. Travis*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

407-631-8443
Date Daytime Phone #

CR2E034 (9/96)