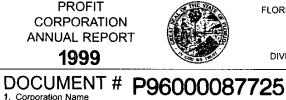
1999

1. Corporation Name



FLORIDA DEPARTMENT OF STATE

Secretary of State **DIVISION OF CORPORATIONS**

FILED Feb 20, 1999 8:00 am Secretary of State **Katherine Harris**

02-20-1999 90145 021 ***150.00

FISHER BAIL BOND CORP.

Principal Place of Business Mailing Address					1 100 1100 110 10110 01111 00111 00	()) 30)() 20 (4	1 18115 1886 1 1881	a ciant and inst		
2506 ORIENT RD TAMPA FL 33619		2506 ORIENT RD TAMPA FL 33619	2506 ORIENT RD		DO NÔT WRI	TE INI TIJIK	¢ ¢DACE	-		
							IE IN THIS	3 SPACE	 -	
						3. Date Incorporated or Qualifed 10/23/1996			ļ	
2. Principal P	ce of Business 2a. Mailing Address				4. FEI Number		A	pplied For		
21		26				59-3414644		N	lot Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired \$8.75 Addition. Fee Required				
City & Stat	e	City & State	City & State			6. Election Campaign Financing Solution				
Zip 24	Country 25	Zip 29	Cou	intry		This corporation owes the curre Personal Property Tax.	ent year in	ntangible Yes	□No	
	9. Name and Address of (Current Registered Agent				10. Name and Address of New R	egistered	Agent		
EIGL	IER, RODNEY C			81	Name				}	
2506	ORIENT RD			82	Street Addr	ress (P.O. Box Number is Not Accepta	.ble)			
TAM	PA FL 33619			83	· · · · · · · · · · · · · · · · · · ·					
				84	City	Mark Sales Commence		85 Zip	Code :	
office or r	egistered agent, or both, in the	07.0502 and 607.1508, Florida Statu State of Florida. Such change was a obligations of, Section 607.0505, Flo	authorized	by t	-named corp he corporation	oration submits this statement for the on's board of directors. I hereby accep	purpose of t the appo	f changing its intment as re	registered egistered	
SIGNATURE										
CICIWITORE	Signature, typed or printed name of registe	ered agent and title if applicable. (NOTE	E: Registered	Agent	signature required	d when reinstating)	DATE			
12.		RS AND DIRECTORS	13.			ADDITIONS/CHANGES TO OFF	FICERS A			
TITLE	0	☐ DELETE	1.1 111	RΕ				☐ Change	☐ Addition	
NAME	FISHER, RODNEY		1.2 NA	WE					1	
STREET ADDRESS	2506 ORIENT RD		1.3 ST	REET	ADDRESS	•				
CITY-ST-ZIP	TAMPA FL		1.4 CF	TY-ST-	ZIP					
TITLE		☐ DELETE	2.1 TIT	TLE				☐ Change	☐ Addition	
NAME			2.2 NA	ME		•			i	
STREET ADDRESS			2.3 ST	REET A	ADDRESS					
CITY-ST-ZIP			_	TY-ST	- ZIP	<u>.</u>				
TITLE		☐ DELETE	3.1 TIT	rlE		•	-	Change	Addition	
NAME			3.2 NA	ME	,					
STREET ADDRESS			3.3 ST	REETA	ADDRESS					
CITY-ST-ZIP			_	TY-ST	ZIP					
TITLE		☐ DELETE	4.1 TIT					☐ Change	☐ Addition	
NAME			4. 2 N	AME					i	
STREET ADDRESS			4.3 ST	REET	ODRESS					
CITY-ST-ZIP				TY-\$T-	ZIP					
TITLE		□ DELETE	5.1 TIT			•	•	☐ Change	☐ Addition	
NAME			5.2 NA						}	
STREET ADDRESS					LDDRESS				}	
CITY-ST-ZIP				Y-ST-	ZIP					
TITLE		☐ DELETE	6.1 TIT					Change	☐ Addition	
NAME			6.2 NA		DDRESS				ĺ	
STREET ADDRESS			0.3 317	NECI A	DURESS				1	

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 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, with all other like empowered.

SIGNATURE:

813-626-9648