## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATI

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P96000092726 (4)

TONY DAVIS BAIL BONDS, INC.

Principal Place of Business	Mailing Address	
1755 ST. MARY'S AVENUE	1755 ST. MARY'S AV	

## FILED Apr 28 1997 8:00am Secretary of State



PENSACOLA FL 32501			PENSACOLA FL 32501-1041						
						3. Date Incorporated or Qualified 10/28/1996	3a. Date of Last	, Report	
	ace of Business	2a. Maili	ng Address			4. FEI Number 3416329		Applied For	
21		26				59-3416327	59-3416329 Not Applicable		
Sulte, Apt.	Sulte, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired See Required				
City & State		27 City	City & State			6. Election Campaign Financing \$5.00 May Be			
23		28				Trust Fund Contribution		ed to Fees	
ZIP	Country	y Zip		Country	/	8. This corporation has liability for i	ntangible tax unde	r s. 199.032,	
24	25	[29]		30			Yes 💹 No		
		ss of Current Registered	Agent		1	10. Name and Address of New Re	gistered Agent		
	1S, ANTHONY B	_		81	Name				
	ST. MARY'S AVEN	JE		82	Street Ac	ldress (P.O. Box Number is Not Acceptab	ie)		
PEN	SACOLA FL 32501			83					
I				63					
Į				84	City		<b>FL</b> 85 Z	ip Code	
11 Purcuent	to the provisions of Sect	ious 607 0502 and 607 15	08. Florida Statulo	s the above	e-named co	progration submits this statement for the ri		o its registered	
office or r	egistered agent, or both	in the State of Florida Su	ich change was at	uthorized b	y the corpo	orporation submits this statement for the pration's board of directors. I hereby accept	ot the appointment	as registered	
	m tamiliar wild, and acc	ept the obligations of, sec	11011 007.0005, MOI	iga sinitito	a.				
SIGNATURE	Signature, typed or printed name	of registored agent and title if apple	abře (NOTE:	Registered Ag	ont signature re	quired when reinstating)	DATE		
12.		FFICERS AND DIRECTOR		13.		ADDITIONS/CHANGES TO OFFIC			
TITLE	PD	_	DEFELE	1.1 TITLE			Chang	e Addition	
NAME	DAVIS, ANTHONY			1.2 NAME					
STREET ADDRESS	5027 SKYLARK CO				ADDRESS				
CITY-ST-ZIP	PENSACOLA FL 32	2505	T source	1.4 CiTY-	S1 · ZIP		Chanc	ne Addition	
TITLE	VTSD	i	☐ DELETE	2 ! 1111.1			Chang	's Monnou	
NAME	DAVIS, CYNTHIA K 5027 SKYLARK CO			2.2 NAME					
STREET ADDRESS	PENSACOLA FL 32				I ADDRESS				
CITY-ST-ZIP TITLE	PENSAUULA 1 E SA	2000	DELETE	2 4 CITY- 3 1 TITLE	\$1-70		☐ Chang	ne Addition	
NAME				3.2 NAME					
STREET ADDRESS					1 ADDRESS				
CITY-ST-ZIP				3.4. CITY-					
TITLE	<u></u>		DELETE	4.1 TILLE			☐ Chang	ge Addition	
NAME				4. 2 NAM(					
STREET ADDRESS				4.3 STREE	I ADDRESS				
CITY-ST-ZIP				4.4 CITY -	S1 - Z(P				
TITLE			DELETE	5.1 THEF			☐ Chang	ge	
NAME				5.2 NAME					
STREET ADDRESS					1 ADDRESS				
CITY-ST-ZIP			T process	5.4 CITY -	S1 - 7IP			Asset	
TITLE			DELETE	6.1 TITLE			☐ Chang	ge L Addition	
NAME .				6.2 NAME					
STREET ADDRESS					1 ADDRESS				
CITY-ST-ZIP				64 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 suppliemental 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 trusted 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.