

2-23-98 B-2404 C
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FILED
Feb 23 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P97000085437 (6)

1. Corporation Name

AAA-APOPKA BONDING AGENCY INC.



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/02/1997

4. FEI Number

59-3478575

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

2. Principal Place of Business

21 422 S. CENTRAL AVE.

Suite, Apt. #, etc.

22 #C

City & State

23 APOPKA FL.

Zip

24 32712

Country

25 ORANGE

2a. Mailing Address

26 422 S. CENTRAL AVE.

Suite, Apt. #, etc.

27 #C

City & State

28 APOPKA FL.

Zip

29 32702

Country

30 ORANGE

9. Name and Address of Current Registered Agent

THOMPSON, NELLIE D
2216 PLYMOUTH SORRENTO RD
APOPKA FL 32712

10. Name and Address of New Registered Agent

81 Name

SAME AS LISTED

82 Street Address (P.O. Box Number is Not Acceptable)

SAME AS LISTED

83

84 City

SAME AS LISTED

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 NELLIE D. THOMPSON

Signature, typed or printed name of registered agent and title if applicable

Nellie D. Thompson 2-15-98

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PRESIDENT ☐ DELETE

NAME WILLIAM H THOMPSON
STREET ADDRESS 2216 PLYMOUTH SORRENTO RD.
CITY-ST-ZIP APOPKA FL 32712

TITLE VICE PRESIDENT ☐ DELETE

NAME WILLIAM H. THOMPSON
STREET ADDRESS 2216 PLYMOUTH SORRENTO RD.
CITY-ST-ZIP APOPKA FL 32712

TITLE SECRETARY ☐ DELETE

NAME NELLIE D. THOMPSON
STREET ADDRESS 2216 PLYMOUTH SORRENTO RD.
CITY-ST-ZIP APOPKA FL 32712

TITLE TREASURER ☐ DELETE

NAME NELLIE D. THOMPSON
STREET ADDRESS 2216 PLYMOUTH SORRENTO RD.
CITY-ST-ZIP APOPKA FL 32712

TITLE REGISTERED AGENT ☐ DELETE

NAME NELLIE D. THOMPSON
STREET ADDRESS 2216 PLYMOUTH SORRENTO RD.
CITY-ST-ZIP APOPKA FL 32712

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

NONE

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

NONE

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

NONE

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

NONE

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

NONE

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

NONE

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.

CR2E034 (10/97)