

PROFIT
CORPORATION
ANNUAL REPORT
1999FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

07-08-1999 90008 011 ***150
P97000085437

DOCUMENT #P-97000085437

1. Corporation Name

AAA - APOPKA BONDING AGENCY INC.

Principal Place of Business

ORANGE COUNTY FLA.

Mailing Address

2216 PLYMOUTH -
SORRENTO RD. APOPKA
FL. 32712

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10-2-97

2. Principal Place of Business

21 2111

Suite, Apt. #, etc.

22 W 34TH ST

City & State

23 GIBLONDA FL

Zip

Country

24 32712

25 ORANGE

2a. Mailing Address

26 2216

Suite, Apt. #, etc.

27 PLYMOUTH SORRENTO RD.

City & State

28 APOPKA FL

Zip

Country

29 32712

30 ORANGE

4. FEI Number

59-3428575

Applied For

☒ Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐\$5.00 May Be
Added to Fees8. This corporation owes the current year intangible
Personal Property Tax.☐ Yes☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name

WILLIAM H THOMPSON

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

2216 PLYMOUTH SORRENTO RD.

83

APOPKA

FLA.

32712

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 WILLIAM H THOMPSON

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

WILLIAM H. THOMPSON

(NOTE: Registered Agent signature required upon reinstating)

6-28-99

DATE

12. OFFICERS AND DIRECTORS

TITLE PRESIDENT ☐ DELETE

NAME WILLIAM H THOMPSON

STREET ADDRESS 2216 PLYMOUTH SORRENTO RD. - P

CITY-ST-ZIP APOPKA FL 32712

TITLE VICE PRESIDENT ☐ DELETE

NAME NELLIE D. THOMPSON

STREET ADDRESS S.A.A. - V.P.

CITY-ST-ZIP

TITLE SECRETARY ☐ DELETE

NAME NELLIE D. THOMPSON

STREET ADDRESS S.A.A. - S.

CITY-ST-ZIP

TITLE TREASURER ☐ DELETE

NAME NELLIE D. THOMPSON

STREET ADDRESS S.A.A. - T

CITY-ST-ZIP

TITLE REGISTERED AGENT ☐ DELETE

NAME WILLIAM H. THOMPSON

STREET ADDRESS S.A.A. - R.A.

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Add

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Add

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Add

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Add

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Add

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Add

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SP

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: WILLIAM H. THOMPSON

WILLIAM H. THOMPSON 6-28-99

407-880-8881