

SECOND-NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Jul 28, 1999 8:00 am
Secretary of State

07-28-1999 90006 044 ***150.00

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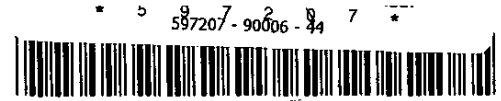
PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **P97000107203**

1. Corporation Name
A-1 BONDING OF FLORIDA, INC.



Principal Place of Business
**1954 MAIN ST
 SARASOTA FL 34236**

Mailing Address
**1954 MAIN ST
 SARASOTA FL 34236**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 01/01/1998	
21		26		4. FEI Number 38-0805772	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation owes the current year Intangible Personal Property. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
23		28			
Zip	Country	Zip	Country		
24	25	29	30		

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
PARKER, GARY E 1954 MAIN ST SARASOTA FL 34236				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	President /D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		1.2 NAME	Gary E. Parker
STREET ADDRESS		1.3 STREET ADDRESS	1954 Main St.
CITY-ST-ZIP		1.4 CITY-ST-ZIP	Sarasota, FL 34236
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	VP/Treasurer/D/C <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	Thomas M. Parker
STREET ADDRESS		2.3 STREET ADDRESS	4145 Dublin Dr.
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Bloomfield Hills, MI 48302
TITLE	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	VP/Secretary/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	Matthew Maddock
STREET ADDRESS		3.3 STREET ADDRESS	4145/ Dublin Dr.
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Bloomfield Hills, MI 48302
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	Vice President/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	Jeff Kirkpatrick
STREET ADDRESS		4.3 STREET ADDRESS	401 S. Jackson St.
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Jackson, MI 49201
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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.

SIGNATURE: Gary E. Parker July 12, 1999 (941) 366-4050

CR2E034 (5/99)

011001-9000844
P97000107203

A-1 BONDING OF FLORIDA, INC.

1954 Main Street
Sarasota, Florida 34236
(941) 366-4050
FAX: 955-4947

July 19, 1999

Florida Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

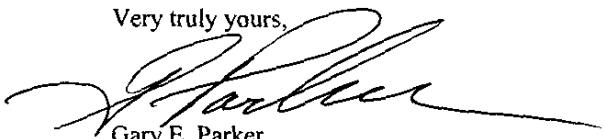
Re: Profit Corporation Annual Report
Late Filing -- 2nd Notice

Dear Sir or Madam:

I received a 2nd Notice for filing my Corporate Annual Report this week. I was surprised to see that it was a second notice, as I never received the First Notice. I called your office today and explained the situation. The woman with whom I spoke informed me that this was quite a common occurrence this year. She advised me to write this letter explaining the situation and to include it with my Report and Remittance.

Thus, I am enclosing our check in the amount of \$150.00 and the Annual Report herewith. I would like to thank your office for rectifying the situation so quickly and courteously. Thank you.

Very truly yours,



Gary E. Parker
President

GEP/lcw

encl: Check for \$150.00
1999 Profit Corporation Annual Report