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Secretary of State

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**PROFIT
CORPORATION
ANNUAL REPORT
1999**



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

DOCUMENT # P98000022781

1. Corporation Name

BIG MIKE'S BONDING INC.



Principal Place of Business

750 S. ORANGE BLOSSOM TRAIL
SUITE #173
ORLANDO FL 32805

Mailing Address

750 S. ORANGE BLOSSOM TRAIL
SUITE #173
ORLANDO FL 32805

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/09/1998

4. FEI Number

59-3497802

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 the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 3001 S. Rio Grande Ave

2a. Mailing Address

26 P.O. Box 555932

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 Orlando Florida

City & State

28 Orlando Florida

Zip

24 32805

Country

25 U.S.

Zip

29 32855

Country

30 U.S.

9. Name and Address of Current Registered Agent

BARRINGTON, MICHAEL D
750 S. ORANGE BLOSSOM TRAIL
SUITE #173
ORLANDO FL 32805

10. Name and Address of New Registered Agent

81 Name Barrington, Michael D.

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

3001 S. Rio Grande Ave

83

84 City

Orlando

FL

85 Zip Code

32805

11. Pursuant to the provisions of Sections 607.0502 and 607.4608, 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PCEO ☐ DELETE

NAME BARRINGTON, MICHAEL D

STREET ADDRESS 750 S. ORANGE BLOSSOM TRAIL

CITY-ST-ZIP ORLANDO FL 32805

TITLE TS ☐ DELETE

NAME BARRINGTON, RUBY M

STREET ADDRESS 750 S. ORANGE BLOSSOM TRAIL

CITY-ST-ZIP ORLANDO FL 32805

TITLE VPD ☐ DELETE

NAME HAYES, MARK

STREET ADDRESS 750 S. ORANGE BLOSSOM TRAIL

CITY-ST-ZIP ORLANDO FL 32805

TITLE VPD ☐ DELETE

NAME WASHINGTON, CAROLYN

STREET ADDRESS 750 S. ORANGE BLOSSOM TRAIL

CITY-ST-ZIP ORLANDO FL 32805

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY-ST-ZIP ☐ DELETE

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY-ST-ZIP ☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

PCEO

Barrington, Michael D.

3001 S. Rio Grande Ave

Orlando FL 32805

☒ Change ☐ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

TS

Barrington, Ruby M.

3001 S. Rio Grande Ave

Orlando FL 32805

☒ Change ☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

VPD

Hages, Mark

3001 S. Rio Grande Ave

Orlando FL 32805

☒ Change ☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

VPD

Washington, Carolyn

3001 S. Rio Grande Ave

Orlando FL 32805

☒ Change ☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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: Michael Barrington
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-1-99

(407) 999-9036
Daytime Phone #