

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

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**Apr 06, 1999 8:00 am**  
**Secretary of State**

04-06-1999 90023 017 \*\*\*150.00

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**  
 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: **3001 S. Rio Grande Ave**  
 2a. Mailing Address: **P.O. Box 555932**  
 22. Suite, Apt. #, etc.:  
 23. City & State: **Orlando Florida**  
 24. Zip: **32805** 25. Country: **U.S.**  
 27. Suite, Apt. #, etc.:  
 28. City & State: **Orlando Florida**  
 29. Zip: **32855** 30. Country: **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** 85 Zip Code: **FL 32805**

11. Pursuant to the provisions of Sections 607.0502 and 607.4508, 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	PCEO <input type="checkbox"/> DELETE	1.1 TITLE	PCEO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARRINGTON, MICHAEL D	1.2 NAME	Barrington, Michael D.
STREET ADDRESS	750 S. ORANGE BLOSSOM TRAIL	1.3 STREET ADDRESS	3001 S. Rio Grande Ave
CITY-ST-ZIP	ORLANDO FL 32805	1.4 CITY-ST-ZIP	Orlando FL 32805
TITLE	TS <input type="checkbox"/> DELETE	2.1 TITLE	TS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARRINGTON, RUBY M	2.2 NAME	Barrington, Ruby M.
STREET ADDRESS	750 S. ORANGE BLOSSOM TRAIL	2.3 STREET ADDRESS	3001 S. Rio Grande Ave
CITY-ST-ZIP	ORLANDO FL 32805	2.4 CITY-ST-ZIP	Orlando FL 32805
TITLE	VPD <input type="checkbox"/> DELETE	3.1 TITLE	VPD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAYES, MARK	3.2 NAME	Hages, Mark
STREET ADDRESS	750 S. ORANGE BLOSSOM TRAIL	3.3 STREET ADDRESS	3001 S. Rio Grande Ave
CITY-ST-ZIP	ORLANDO FL 32805	3.4 CITY-ST-ZIP	Orlando FL 32805
TITLE	VPD <input type="checkbox"/> DELETE	4.1 TITLE	VPD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WASHINGTON, CAROLYN	4.2 NAME	Washington, Carolyn
STREET ADDRESS	750 S. ORANGE BLOSSOM TRAIL	4.3 STREET ADDRESS	3001 S. Rio Grande Ave
CITY-ST-ZIP	ORLANDO FL 32805	4.4 CITY-ST-ZIP	Orlando FL 32805
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, with all other like empowered.

SIGNATURE: **Michael Barrington** 4-1-99 (407) 999-9036  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #