


FILED
Apr 01, 1999 8:00 am
Secretary of State

04-01-1999 90098 010 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P98000090684 1. Corporation Name BONDING UNLIMITED, INC.			
Principal Place of Business 6301 ARC WAY FT. MYERS FL 33912		Mailing Address 6301 ARC WAY FT. MYERS FL 33912	
DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business 21 <u>3375 Tamiami Trail East</u> Suite, Apt. #, etc. 22 <u>Suite 100</u> City & State 23 <u>Naples, FL</u> Zip 24 <u>34102</u> Country 25 <u>Collier</u>		2a. Mailing Address 26 <u>P.O. Box 10471</u> Suite, Apt. #, etc. 27 City & State 28 <u>Naples, FL</u> Zip 29 <u>34102</u> Country 30 <u>Collier</u>	
3. Date Incorporated or Qualified 10/26/1998		4. FEI Number 65-0872313	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. This corporation owes the current year intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		8. Name and Address of Current Registered Agent HOUSTON, JOSEPH 6301 ARC WAY FT. MYERS FL 33912	
9. Name and Address of New Registered Agent 81 Name Joseph Houston 82 Street Address (P.O. Box Number is Not Acceptable) Suite 100 83 3375 Tamiami Trail East 84 City Naples, FL 34102 FL 34102		10. Name and Address of New Registered Agent 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 _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)			
12. OFFICERS AND DIRECTORS TITLE <input type="checkbox"/> DELETE NAME HOUSTON, JOSEPH STREET ADDRESS 6301 ARC WAY CITY-ST-ZIP FT. MYERS FL 33912		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 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 life empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3/28/99

Daytime Phone #

CR2034 (4/98)