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

**PROFIT CORPORATION ANNUAL REPORT** 

1998

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # S54545

161

| 1. Corporatio                               | n Name                                    | 00404                                   | ·S (U)   |                          |                                    |   |                                   |  |
|---|---|---|--|--------------------------|------------------------------------|---|-----------------------------------|--|
| JOE'S                                       | BAIL BON                                  | IDS CO.                                 |  |                          |                                    |   |                                   |  |
|   |   |   |  |                          |                                    | A REMEISTAND STAR DORFE BEIDE (DIRE) DEGAR MARK DEGAR DEGAR | AFANI AIAN AKAN AHNI ANAN IAA     |  |
|   |   |   |  |                          |                                    |   |                                   |  |
| Principal Place of Business Mailing Address |   |   |  |                          |                                    | a todatibit ibi britt dibat ditti etabi ditt arbit d        | Timis didin dibet debet dibe dibe |  |
| 1809 TAMPA ST 1809 TAMPA ST                 |   |   |  |                          |                                    |   |                                   |  |
| TAMPA FL 33602 TAMPA FL 33602               |   |   |  |                          |                                    | DO NOT WRITE IN TH  | DO NOT WRITE IN THIS SPACE        |  |
|   |   |   |  |                          |                                    | 3. Date Incorporated or Qualified                           |                                   |  |
|   |   |   |  |                          |                                    | 05/20/1991  |                                   |  |
| 2. Principal P                              | lace of Busin                             | noss                                    | 2a. Mailing Address  |                          |                                    | 4. FEI Number   | Applied For                       |  |
| 21]   |   |   | 26   |                          |                                    | 59-3065438  | Not Applicable                    |  |
| Sulte, Apt.                                 | #, <b>e</b> tc.                           |   | Suite, Apt. #, etc.  |                          | 5. Certificate of Status Desired   | \$8.75 Additional<br>Fee Required                           |                                   |  |
| City & State                                | e   |   | City & State   |                          | & Floation Compaign Financing      | <del></del>   |                                   |  |
| 23 28                                       |   |   |  |                          |                                    | 6. Election Campaign Financing Trust Fund Contribution      | \$5.00 May Be<br>Added to Fees    |  |
| Zip Country                                 |   | Country                                 | Zip Countr   |                          | ry                                 | 8. This corporation owes or has paid the                    |                                   |  |
| 25  |   | 29                                      | 30   |                          | Personal Property Tax due June 30. | Yes 🔲 No  |                                   |  |
|   | g, Name                                   | and Address of Curre                    | ent Registered Agent   |                          | · T                                | 10. Name and Address of New Register                        | ed Agent                          |  |
| PAI   | DRON, ORL                                 | ando                                    |  | 8                        | 1 Name                             |   |                                   |  |
| 1809 TAMPA ST                               |   |   |  | 8:                       | 2 Street                           | Address (P.O. Box Number is Not Acceptable)                 |                                   |  |
| TAMPA FL 33602                              |   |   |  | 8:                       | <u> </u>                           |   |                                   |  |
|   |   |   |  | ••                       | "[                                 |   |                                   |  |
| •   |   |   |  | 8-                       | 4 City                             |   | Zip Code                          |  |
| 11. Pursuant                                | to the provis                             | ions of Sections 607.05                 | 02 and 607.1508. Florida Statu                                     | les the abo              | Lve-named                          | I corporation submits this statement for the purpos         |                                   |  |
| office or r                                 | edistered ad                              | ient, or both, in the Stat              | te of Florida. Such change was<br>igations of, Section 607.0505, F | authorized b             | ov the corr                        | poration's board of directors. I hereby accept the          | appointment as registered         |  |
| SIGNATURE                                   | 311 ( <b>4</b> 11111)(41 311              | aria de decept are obn                  | ganona an obcasi sar .coop, i                                      | ionad bidion             | <i>5</i> 0.                        |   |                                   |  |
|   | Signature, typed                          | or profi <b>ed</b> name of registered a |  | TE Registered A          | gent signature                     | c required when reinstating) DAT                            | <u> </u>                          |  |
| 12.   | OFFICERS AND DIRE                         |   |  | 13.                      |                                    | ADDITIONS/CHANGES TO OFFICERS A                             |                                   |  |
| TITLE                                       | CPS                                       |   |  | 1.1 TITLE                |                                    |   | Change Addition                   |  |
| NAME  | PADRON, ORLANDO<br>ESS 2904 W BRADDOCK ST |   |  | 1.2 NAME                 |                                    |   |                                   |  |
| STREET ADDRESS                              |   |   | · ·  |                          | ET ADDRESS                         |   |                                   |  |
| CITY-ST-ZIP<br>TITLE                        | TD  |   | 1.4 CITY-ST-ZIP  DELETE 2.1 TITLE                                  |                          |                                    |   | Change Addition                   |  |
| NAME  | PADRON, ORLANDO                           |   | <b></b>  | 2.2 NAME                 |                                    |   |                                   |  |
| STREET ADDRESS                              |   |   | 2.3 STREET ADDRESS   |                          |                                    |   |                                   |  |
| CITY-ST-ZIP                                 | TAMPA FL                                  |   |  | 2. 4 CITY-ST-ZIP         |                                    | · ·   |                                   |  |
| TITLE                                       | DELETE                                    |   | 3.1 TITLE  |                          |                                    | Change Addition   |                                   |  |
| NAME  |   |   | 3.2 NAME   |                          |                                    |   |                                   |  |
| STREET ADDRESS                              |   |   | 3.3 STREE  | T ADDRESS                |                                    |   |                                   |  |
| CITY-ST-ZIP                                 |   | T or ere                                |  | 3.4. CITY                | -ST-ZIP                            |   |                                   |  |
| TITLE                                       | DELETE                                    |   | 4.1 TITLE  |                          |                                    | Change Addition   |                                   |  |
| NAME  |   |   | 4. 2 NAMI  |                          |                                    |   |                                   |  |
| STREET ADDRESS                              |   |   |  |                          | T ADDRESS                          |   |                                   |  |
| CITY-SY-ZIP                                 | DELETE                                    |   | 4.4 CHY-   | ST-ZIP                   |                                    | Change Addition   |                                   |  |
|   | TITLE                                     |   |  | LETE 51 TITLE<br>52 NAME |                                    |   | Li cuange Li Addition             |  |
| NAME<br>STREET ADDRESS                      |   |   |  | 1                        | I ADDRESS                          |   |                                   |  |
| CITY-ST-ZIP                                 |   |   |  | 5.4 CITY-                |                                    |   |                                   |  |
| TITLE                                       |   | *************************************** | ☐ DELETE   | 6.1 TITLE                | O1 E11                             |   | Change Addition                   |  |
| NAME  |   |   | _  | 6.2 NAME                 |                                    |   |                                   |  |
| STREET ADDRESS                              |   |   |  |                          | TADODESS                           |   |                                   |  |

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 f 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.

**FILED** 

Feb 09 1998 8:00am

Secretary of State