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

PROFIT CORPORATION ANNUAL REPORT

1999

DOCUMENT # S93429



Secretary of State

FLORIDA DEPARTMENT OF STATE **Katherine Harris**

DIVISION OF CORPORATIONS

Feb 25, 1999 8:00 am Secretary of State 02-25-1999 90007 004 ***150.00

A-LIBER	ty bail bonding of for	RT PIERCE, INC.			
Principal Place	e of Business	Mailing Address		4 (444) 414 (44) (44) (44) (44)	Min this minis dinis dints dints dints dints dints jags
5807 ORANGE AVE P. O. BOX 13270 SUITE 14-A FT. PIERCE FL 34979-3270 FT PIERCE FL 34947 US					ITE IN THIS SPACE
US				3. Date Incorporated or Qualifed 11/13/1991	
21 580	lace of Business 17 GAANGE AVE.	2a. Mailing Address 26 5867 OBAU	GE AVE.	4. FEI Number 65-0295196	Applied For Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		. 5. Certifcate of Status Desired	\$8.75 Additional Fee Required
City & Stat	PIERCE, FL	City & State 28 FT. FIELCE Zip	FL	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24 <i>349</i>	Country 25 0 U.S.A.	29 34947 30		This corporation owes the curl Personal Property Tax.	☐ Yes 🔀 No
	9. Name and Address of Curre	nt Registered Agent	81 Name	10. Name and Address of New I	Registered Agent
SCHMIDT, DENNIS J 5807 ORANGE AVE STE. B FT PIERCE FL 34947			82 Street A 586	EUNIS T. SCHMIDT Address (P.O. Box Number is Not Accept TORANGE NUE.	
			84 City	. PIEKCE	FL ⁸⁵ ぎょうりょう
office or nagent. I a	egistered agent of both, in the State m familiar with and accept the oliginal state of registered age	of Florida, Such change was autrans of Section 607.0505, Florida	norized by the corpo a Statutes,	corporation submits this statement for the ration's board of directors. I hereby acce	pt the appointment as registered
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OF	FICERS AND DIRECTORS IN 12
TITLE	D	☐ DELETE	1.1 TITLE	PRESIDENT _	Change 🗌 Addition
NAME	SCHMIDT, DENNIS J		1.2 NAME	DENNIS J. SCHMIOT	
STREET ADDRESS	P. O. BOX 13270 N/A		1.3 STREET ADDRESS	PRESIDENT DENNIS J. SCHMIOT 5807 OKANGE AVE.	·
CITY-ST-ZIP	FT PIERCE FL		1.4 CITY-ST-ZIP	FT. PIEKCE, FL 349	
TITLE		☐ DELETE	2.1 TITLE		· Change Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS	- ~	•-
CITY-ST-ZIP			2. 4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE		☐ DELETE	31 TITLE		Change Dyddigon
NAME			3.2 NAME		
STREET ADDRESS			3 3 STREET ADDRESS		
CITY-ST-ZIP		☐ DELETE	3.4. CITY-ST-ZIP 4.1 TITLE	<u> </u>	Change Addition
TITLE		□ pereie	4.1 IIILE 4.2 NAME		, (2) outside []
NAME			3		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
TITLE			5.2 NAME		,
NAME STREET ADDRESS			5.3 STREET ADDRESS		T. Carlotte
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		. {
STREET ADDRESS			6.3 STREET ADDRESS		
OTTY OT 710			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 or an attachment with an address, with all other like empowered.

SIGNATURE: