SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AF[TER] AUGUST 0, 1995.
AMOUNT DUE ON OR BEFORE 8/1/95: $225 (IF DISSOLVED, MINIMUM AMOUNT [DUE] TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT

1995

FLORIDA DEPA[RTMENT] OF STATE
Sandra [Mort]ham
Secreta[ry] of State
DIVISION OF [CORPORATIONS]

DOCUMENT # **V56729** **(9)**

1. Corporation Name

ALLIED FLORIDA BAIL BONDS AGENCY, INC.

FILED
1995 AUG -2 AM 9:18
[SECRE]TARY OF STATE
TALLA[HASSEE], FLORIDA

Principal Place of Business	Mailing Address
12235 OVERSEAS HIGHWAY MARATHAN FL 33050	12235 OVERSEAS HIGHWA MARATHAN FL 33050

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business	2a. Mailing Address
21 6400 Overseas Hwy	26 6400 Overseas Hwy
Suite, Apt. #, etc. 22 Upstairs - West End	Suite, Apt. #, etc. 27 Upstairs - West End
City & State 23 Marathon, FL	City & State 28 Marathon, FL
Zip 24 33050 Country 25 USA	Zip 29 33050 Country 30 USA

3. Date Incorporated or Qualified: **08/11/1992**
3a. Date of Last Report: **04/07/1994**
4. FEI Number: **65-0349074** ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

SLAY, STEVEN E.
12235 OVERSEAS HWY.
MARATHON FL 33050

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 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 date of application (NOTE: Registered Agent signature required when changing)

12. OFFICERS AND DIRECTORS	
TITLE	DP
NAME	SLAY, STEVEN E.
STREET ADDRESS	153 #D U.S. HWY. 1
CITY ST ZIP	GRASSY KEY FL
TITLE	VST
NAME	SLAY, JANICE L.
STREET ADDRESS	153 #D U.S. HWY. 1
CITY ST ZIP	GRASSY KEY FL
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

13. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 1	
11 TITLE	☐ Change ☐ Addition
12 NAME	
13 STREET ADDRESS	
14 CITY ST ZIP	
21 TITLE	☐ Change ☐ Addition
22 NAME	
23 STREET ADDRESS	
24 CITY ST ZIP	
31 TITLE	☐ Change ☐ Addition
32 NAME	
33 STREET ADDRESS	
34 CITY ST ZIP	
41 TITLE	☐ Change ☐ Addition
42 NAME	
43 STREET ADDRESS	
44 CITY ST ZIP	
51 TITLE	☐ Change ☐ Addition
52 NAME	
53 STREET ADDRESS	
54 CITY ST ZIP	
61 TITLE	☐ Change ☐ Addition
62 NAME	
63 STREET ADDRESS	
64 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furn[ished] and 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 ann[ual] 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 addi[tional] name.

SIGNATURE: (X) Janice L Slay — 7.28.95 — 3057434373
SIGNATURE AND TYPED OR PRINTED NAME OF DIONING OFFICER OR DIRECTOR — Date — Daytime Phone #
JANICE L. SLAY

CR2E034 (3/95)

0031877 CP