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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **V57959**

1. Corporation Name

JAIL BAILS BONDING, INC.

FILED Feb 25, 1999 8:00 am Secretary of State 02-25-1999 90004 042 ***150.00



Principal Place of Business Mailing Address						FIEIL BIBLI BEBLI BE	91f 87611 (881
1012 BUENA VISTA BLVD. 1012 BUENA VISTA BLVD.						4	
PANAMA CITY FL 32401 PANAMA CITY FL 32401							**
					DO NOT WRITE IN THI	S SPACE	
					3. Date Incorporated or Qualifed		
					08/17/1992	1.	
2. Principal Place of Business 2a. Mailing Address				. 010	4. FEI Number	<u> </u>	lied For
21 1040	O E. CARoline			re Blod	- 65-0351435		Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc	; .		5. Certificate of Status Desired	\$8.75 A Fee Red	1
22		27			- 		·
City & State	Enma 4.1 71	City & State	and. E	7.L	6. Election Campaign Financing	\$5.00 r Added to	
23 / /TN	MIN Clas XX	- 28 ANAMA	Cour	oto	Trust Fund Contribution		rees
Zip スタム	OI 25 USA	3 32401		ÜS4	This corporation owes the current year In Personal Property Tax.		JNo
24 50 Y	9. Name and Address of Cu		30	<i>D</i> 3 +	10. Name and Address of New Registered		
_	5. Name and Address of Co	ment vedisteren want	 +	81 Name	To. Halle alla Audices el Hew Hagieres		
FARMER BARBARA							
1012 BUENA VISTA BLVD.				82 Street Add	dress (P.O. Box Number is Not Acceptable)		
				83	<u> </u>		
1700	THE OF IT				<u></u>		
				84 City	F	85 Zip C	ode
14 5	1. II	0502 and 607 1509. Florida 6	Ctatutas, the ab	l l			egistered
1. 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 ai	m familiar with, and accept the ob	bligations of, Section 607.050	5, Florida Statu	ites.			
6IGNATURE			WOTE O	Agent signature requir	red when reinstating) DATE		
12.	Signature, typed or printed name of registered	S AND DIRECTORS	13.	Again signatura raqui	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	RS IN 12
TITLE	D	DELE:		LE .		☐ Change	☐ Addition
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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:

850 872 8700