2002 UNIFORM BUSINESS REPORT (UBR)

FILED Jan 29, 2002 8:00 am Secretary of State DOCUMENT # V65571 1. Entity Name 01-29-2002 90013 037 ***150.00 JOHN R. BOND & ASSOCIATES, INC. Principal Place of Business Mailing Address 8372 FRONT BCH PO BOX 18454 PANAMA CITY BEACH FL 32417 34 B-2 PANAMA CITY BEACH FL 32407 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3148529 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BOND, JOHN R. Street Address (P.O. Box Number is Not Acceptable) 102 GRAND HERON DR PANAMA CITY BEACH FL 32417 Zip Code FL 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete TITLE Change ☐ Addition NAME BOND, JOHN R. NAME STREET ADDRESS 102 GRAND HERON DR STREET ADDRESS CITY-ST-ZIP, PANAMA CITY BEACH FL CITY-ST-ZIP VΡ ☐ Delete TITLE Change ☐ Addition NAME NAME BOND, RUTH G. STREET ADDRESS STREET ADDRESS 102 GRAND HERON DR. CITY-ST-ZIP CITY-ST-ZIP PANAMA CITY BEACH FL TITLE TITLE ☐ Change Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Addition

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address with all other like empowered.

NAME

STREET ADDRESS

CITY-ST-ZIP

NAME

STREET ADDRESS

CITY-ST-ZIP