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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000075177 (2)

A1A HURST BAIL BONDS, INC.

Principal Place of Business Mailing Address

FILED Apr 13 1998 8:00am Secretary of State



914 ATLANTIC AVE. 914 ATLANTIC AVE. FERNANDINA BEACH FL 32034 FERNANDINA BEACH FL 32034 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified <u>09/29/1995</u> 2. Principal Place of Business 2a. Mailing Address Applied For 59-3347561 21 Not Applicable Suite, Apl. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees Country Country Zio 8. This corporation owes or has paid the curre t year Intangible Personal Property Tax due June 30. 24 30 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name HURST, RICHARD R 914 ATLANTIC AVE. Street Address (P.O. Box Number is Not Acceptable) FERNANDINA BEACH FL 32034 84 City 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 registored 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** Signature, typed or printed name of registerist agent and little if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE ☐ Change ☐ Addition TITLE 1 1 TITLE HURST, RICHARD R 1.2 NAME NAME 914 ATLANTIC AVE. 1.3 STREET ADDRESS STREET ADDRESS FERNANDINA BEACH FL 32034 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 21 TITLE NAME 22 NAME STREET ADDRESS 23 STREET ADDRESS CITY - ST - ZIP 2. 4 CiTY-ST-ZIP DELETE Addition Change TITLE 3.1 TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Addition TITLE 4.1 TITLE NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Addition TITLE 5.1 TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change ___ Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP

14. Thereby 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 suppliernerilal 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 chapted for one attachment an address.

SIGNATURE:

Out-02-98 (904) 261-5719