

APPEARANCE BOND

SEND ALL COURT NOTICES TO:

POWER # PC2-01583209 2
ARREST # MM 175024 JBND054874

<u>Lee Carhoon</u>
TRANSFER BOND EXECUTED FOR:
FOR FURTHER ACTION ON THIS BOND CONTACT C.E. PARISH GENERAL AGENCY, INC. P.O. Box 1747 • 1452 West CR 48 Bushnell, FL 33513-0090 (352) 793-7775 • (352) 793-9572 Email: courtdocs@ceparish.com

STATE OF FLORIDA 2024MM2113A
VS

Joshua Layston
Court Room TSN
Time TSN



IN THE County Court
Alachua County
STATE OF FLORIDA

KNOW ALL MEN BY THESE PRESENTS: That we, the above-cautioned defendant, as principals, and CONTINENTAL HERITAGE INSURANCE COMPANY, a Florida Corporation, as surety, are held and firmly bound unto the Governor of the State of Florida, and his successors in office, the said principal, in the sum of \$ 1000 and the said surety for a like amount, for the payment whereof well and truly to be made we bind ourselves, our heirs, executors, administrators and assigns firmly by these presents.

Signed and sealed this 20 day of OCT A.D., 2024

The condition of this obligation is such that if the said principal shall appear on TSN 20 at the next Regular or Special term of the above court and shall submit to the said court to answer a charge of Pratt Ford Dr. Grice (Down) and shall submit to orders and process of said Court and not depart the same without leave, then this obligation to be void, else to remain in full force and virtue.

TAKEN BEFORE ME AND APPROVED BY ME:
EMERY A. GAINEY Sheriff
By R. Polak 735 D. S.



[Signature] (L.S.)
(PRINCIPAL)
CONTINENTAL HERITAGE INSURANCE COMPANY
[Signature] (L.S.)
(ATTORNEY-IN-FACT SURETY)

CONTINENTAL HERITAGE INSURANCE COMPANY
ORANGE VILLAGE, OH 44122
(440) 995-1409 (216) 938-6952 FAX
Email: courtdocs@chicins.com

CONTINENTAL HERITAGE INSURANCE COMPANY
C.E. PARISH GENERAL AGENCY, INC.
P.O. BOX 1747, BUSHNELL, FLORIDA 33513-0090
(352) 793-775 / FAX (352) 793-9572

COURT COPY

SEND TO: _____

CERTIFICATE OF DISCHARGE OF BOND

Date _____

Case Number _____ Bond Amount _____ Power No. _____

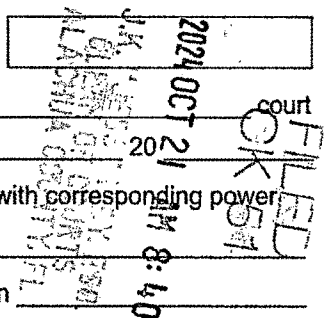
Defendant _____

This is to certify that on or about the _____ day of _____ 20____

I examined the records of _____ and found that the bond with corresponding power number has been discharged of record by reason of the following disposition _____

_____ Person rendering decision _____

Date of Discharge _____, Witness my hand and official seal this _____ day of _____, 20____ Title _____



SURRENDER

THE UNDERSIGNED SURETY on the bond of _____
wished to surrender said defendant and come off bond and hereby authorizes _____
as licensed bail bond agent of said Surety of any Law Enforcement Officer having jurisdiction to take the said _____
into custody and deliver and surrender him or cause him to be surrendered into the custody of the Sheriff of _____ County,
_____ Florida. This instrument is certified to be a true and correct copy of the original bond now of record
in said case.

CONTINENTAL HERITAGE INSURANCE CO. by _____ (Attorney-in-Fact)

STATEMENT

I, _____, am a duly licensed bail bond agent pursuant to Chapter 648, Florida Statutes, and have
registered for the current year with the office of the Sheriff and Clerk of the Circuit Court of the aforesaid county, and have filed a certified copy of my
appointment by Power of Attorney for the Surety with the office of the Sheriff and Clerk of the Circuit Court of the aforementioned County. And that

Principal _____

Address _____

has given (or promised to give) the, sum of _____ (\$ _____) Dollars as
consideration for Bail Bond Number _____ filed with the Clerk of the _____ Court
located in _____, Florida, together with the (promise or receipt) of security belonging to:

Name (s): _____

Address: _____

as follows: (Provide detailed description and source of security) _____

That a duly signed receipt has been given to the said _____ (Principal)
for the consideration given and/or that the said _____ (name) has (also been) given a receipt for the
security described above.

(Bond Agent) _____

(Agency) _____

(Address) _____

OCT 20 '24 PM 2:28

Continental Heritage Insurance Co.

200 Park Ave., Suite 400
Orange Village, OH 44122

(440) 995-1420 • (877) 645-4871 • courtdocs@chicins.com

POWER OF ATTORNEY

POWER No. FC2-01583209

POWER AMOUNT 2,500.00

KNOW ALL MEN BY THESE PRESENTS that the Continental Heritage Insurance Company, a corporation duly organized and existing under the laws of the State of Florida and by the authority of the Resolution adopted by the Board of Directors by unanimous written consent on January 26, 1993, which said Resolution has not been amended or rescinded, does constitute and appoint and by these presents does make, constitute and appoint the named agent its true and lawful Attorney-in-Fact for it and in its name, place and stead, to execute, seal and deliver for and on its behalf and as its act and deed, as surety, a bail bond only. Authority of such Attorney-in-Fact is limited to appearance bonds and cannot be construed to guarantee defendant's future lawful conduct, adherence to travel limitations, fines, restitution, payments or penalties, or any other condition imposed by a court not specifically related to court appearance.

This Power-of-Attorney is for use with Bail Bonds only. Not valid if used in connection with Federal Immigration Bonds. This power is void if altered or erased, void if used with other powers of this company or in combination with powers from any other surety company, and void if used to furnish bail in excess of the stated face amount of this power, and can only be used once.

The obligation of the company shall not exceed the sum of: **TWO THOUSAND FIVE HUNDRED DOLLARS** and provided this Power-of-Attorney is filed with the bond and retained as a part of the court records. The said Attorney-in-Fact is hereby authorized to insert in this Power-of-Attorney the name of the person on whose behalf this bond was given.

IN WITNESS WHEREOF, THE CONTINENTAL HERITAGE INSURANCE COMPANY has caused these presents to be signed by its duly authorized officers, proper for the purpose and its corporate seal to be hereunto affixed this 20 of Oct, 2024

Bond Amount \$ 1000
DAY MONTH YEAR

Defendant ASHVA LAKSHMI

Charges BAGGAGE REPAIR (DOM)

Court LC

Case No. MM-15024-20-054872 24MM2113A

City San Marcos, FL

If rewrite, original No. _____

Attorney-in-Fac [Signature] (SIGNATURE)
Lee M. Kern (PRINT NAME)



By: [Signature]
Sean T. O'Brien, President

By: [Signature]
Jennifer Liotta-Harris CFO & Treasurer

VOID IF NOT ISSUED BY:

7/10/2025

FOR STATE USE ONLY
NOT VALID IF ISSUED IN FEDERAL COURT

COPY FOR COURT