

LEXINGTON NATIONAL INSURANCE CORPORATION

Po Box 6098 • Lutherville, Maryland 21094 • (410) 625-0800
GENERAL SURETY APPEARANCE BOND

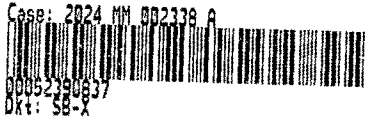
POWER NO. 2024-00-012159
ARREST/CASE NO. 012024MM002338A
STATE OF FLORIDA
VS.
BING, EDDIE

SEND ALL COURT NOTICES TO:

File in Jail
Bail Bonds
100 SE 11th Street
Gainesville, FL 32641

TRANSFER AGENT

Name _____
Street _____
City _____ State _____ Zip _____



In The
COUNTY
ALACHUA County

KNOWN ALL MEN BY THESE PRESENTS: That we, the above captioned defendant, as Principal, and Lexington National Insurance Corporation, a Florida corporation, as Surety, are held and firmly bond unto the State of Florida, and its successors, to the penal sum of \$ \$15,000.00 Dollars, for the payment whereof well and truly to be made we bind ourselves, our heirs, representatives, successors, and assigns, jointly and severally, firmly by these presents.

The condition of this obligation is such that if the said principal shall appear on TBN, 20 24 at TBN shall submit to the said court to answer a charge of Battered + Victim + OR + STR + KIE + SDW only and shall submit to orders and process of said court and not depart same without leave, then this obligation to be void, else to remain in full force and virtue. *DDM*

SIGNED AND SEALED this 18 day of NOV, A.D., 20 24.

Taken before me and approved by me:
EMERY A. GAINNEY, Clerk/Sheriff

[Signature] (L.S.)
PRINCIPAL
LEXINGTON NATIONAL INSURANCE CORPORATION

By *[Signature]*

[Signature] (L.S.)
(ATTORNEY-IN-FACT) (Surety)

STATEMENT OF THE BONDSMAN

I, THE UNDERSIGNED, AM A DULY LICENSED BAIL BONDSMAN and have registered for the current year with the office of the Clerk of Courts of the aforementioned county, and have filed a certified copy of my appointment by Power of Attorney for the Surety with the office of the Clerk of Court of the aforementioned county.

That the Principal named in the foregoing bond, of (Address) _____ (given or promised to give) the sum of _____ Dollars as consideration for the foregoing bond, filed with the Clerk of the above captioned Court, located in said County, together with the (promise or receipt) of security belonging to: _____

as follows: (detail description and source of collateral security) (if none, so state) INDEM AGR PROM NOTE

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

Agent's Signature *[Signature]*
Agency _____

FILED
OK
NOV 19 AM 8:18
CLERK OF COURTS
ALACHUA COUNTY, FLORIDA

ROBERT A. YERGEN

MEMPHIS
MAY 24 1968

The face of this document has microprinting and "VOID" when copied. Paper has a printed watermark, invisible fibers, and coin reactive authentication.



2024-DD-012159

Only the Original Power of Attorney will bind this surety.

POWER OF ATTORNEY
LEXINGTON NATIONAL INSURANCE CORPORATION
P.O. Box 6098, Lutherville, Maryland 21094 • 410-625-0800
info@lexingtonnational.com

Power No. 2024-DD-012159
THIS POWER OF ATTORNEY, NULL AND VOID UNLESS USED BEFORE 11/1/25

KNOW ALL MEN BY THESE PRESENTS, that LEXINGTON NATIONAL INSURANCE CORPORATION, a corporation duly organized and existing under the laws of the State of Florida, hereby constitutes and appoints, subject to any General Qualifying Power of Attorney or other legal prerequisite, as its true and lawful attorney-in-fact the person signing below as Attorney-in-Fact, with full power and authority to sign the Company's name and affix its corporate seal to, and deliver on its behalf as surety, any and all obligations as herein provided, and the execution of such obligations in pursuance of these presents shall be as binding upon the Company as fully and to all intents and purposes as if done by the regularly elected officers of the Company at its home office in their own proper person, and the Company hereby ratifies and confirms all and whatsoever its attorney-in-fact may lawfully do and perform in the premises by virtue of these presents.

THE OBLIGATION OF THE COMPANY SHALL NOT EXCEED THE SUM OF FIFTY FIVE THOUSAND DOLLARS (55,000.00). THIS POWER OF ATTORNEY IS VOID IF ALTERED OR ERASED. VOID IF USED TO FURNISH BAIL ON THE SUBJECT BOND IN EXCESS OF THE STATED MAXIMUM AMOUNT OF THIS POWER AND VOID IF USED WITH OTHER POWERS OF THIS COMPANY OR OTHER POWERS OF OTHER COMPANIES TO MAKE BAIL ON THE SUBJECT BOND. EACH POWER OF ATTORNEY CAN ONLY BE USED ONCE AND MAY BE EXECUTED ONLY FOR RECOGNIZANCE ON CRIMINAL BAIL BONDS.

Bond Amount: \$ 15,000.00 **NOT VALID FOR IMMIGRATION BONDS**

IN WITNESS WHEREOF, LEXINGTON NATIONAL INSURANCE CORPORATION, by virtue of authority conferred by its Board of Directors, has caused these presents to be sealed with its corporate seal, signed by its Chief Executive Officer and attested by its Secretary on April 9, 1996.

Defendant: EDDIE KING

[Signature]
Chief Executive Officer

First Court Date: 7/24 Case Number: 02024500338A



Defendant's Address: _____

Court: COUIT County/City: ALACHUA

[Signature]
Secretary

Offense(s): BATTERY: TOUCH OR STRIKE DOM SW

1. A separate Power of Attorney must be attached to each bond executed.
2. Powers of Attorney must not be returned to attorney-in-fact, but should remain in a permanent part of court records.
3. The authority of such attorney-in-fact is limited to appearance bonds and cannot be construed to guarantee defendant's future lawful conduct, adherence to release conditions, travel limitations, payment of fines, restitution, or penalties, or any other conditions imposed by a court not specifically related to court appearance.

Date of Execution: 11/18/24 Court Assigned Agent #: _____

Attorney-in-Fact: SALEN WESLEY *[Signature]*

Print Name: _____ Signature: _____

Form # LNC-Bail-93



2024-DD-012159

Power No. 2024-DD-012159
THIS POWER OF ATTORNEY NULL AND VOID UNLESS USED BEFORE 11/25

EXECUTION REPORT

DISCHARGE

DISCHARGE DATE _____

COURT SIGNATURE _____

DEFENDANT _____
(PRINT OR TYPE NAME)

AGENT _____

Bond Amount: \$ 15,000.00

Attorney: _____

Defendant: EDDIE W...

Indemnitor: _____

First Court Date: _____ Case Number: _____

Address: _____

Defendant's Address: _____

Phone Number: _____

Court: _____ County/City: _____

Gross Premium: _____

Offense(s): _____

Collateral: _____

Date of Execution: 1/24/24 Court Assigned Agent #: _____

Notes: _____

Attorney-in-Fact: _____

Print Name

Signature

Form # LNIC-Bal-83