# FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 PM 2:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **447008** **(4)**

1. Corporation Name
**BISHOPS PAINT AND DECORATING, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 795 MONTROSE STREET<br>CLERMONT FL 34711 | 795 MONTROSE STREET<br>CLERMONT FL 34711 |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **02/28/1974**
3a. Date of Last Report: **08/09/1994**

| 2. Principal Place of Business | 2a. Mailing Address |
|---|---|
| 21 | 26 |
| Suite, Apt. #, etc. — 22 | Suite, Apt. #, etc. — 27 |
| City & State — 23 | City & State — 28 |
| Zip — 24 / County — 25 | Zip — 29 / County — 30 |

4. FEI Number: **59-1513647** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has notify for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

| 9. Name and Address of Current Registered Agent | 10. Name and Address of New Registered Agent |
|---|---|
| TARA FINANCIAL SERVICES, INC.<br>489 W. MINNEHAHA AVENUE<br>CLERMONT FL 32711 | 81 Name<br>82 Street Address (P.O. Box Number is Not Acceptable)<br>83<br>84 City **FL** 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 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 am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (Signature, typed or printed name of registered agent and title if corporation) (NOTE: Registered Agent signature required when reinstating) DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE | P | 1.1 TITLE | ☐ Change ☐ Addition |
| NAME | BISHOP, (CARLE L.) | 1.2 NAME | |
| STREET ADDRESS | 749 CHESTNUT STREET | 1.3 STREET ADDRESS | |
| CITY ST ZIP | CLERMONT FL | 1.4 CITY ST ZIP | |
| TITLE | V | 2.1 TITLE | ☐ Change ☐ Addition |
| NAME | BISHOP, CRAIG R. | 2.2 NAME | |
| STREET ADDRESS | 628 DREW ST. | 2.3 STREET ADDRESS | |
| CITY ST ZIP | CLERMONT, FL 00000 | 2.4 CITY ST ZIP | |
| TITLE | STD | 3.1 TITLE | ☐ Change ☐ Addition |
| NAME | BISHOP, (DORIS J.) | 3.2 NAME | |
| STREET ADDRESS | 950 SEMINOLE STREET | 3.3 STREET ADDRESS | |
| CITY ST ZIP | CLERMONT FL | 3.4 CITY ST ZIP | |
| TITLE | | 4.1 TITLE | ☐ Change ☐ Addition |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY ST ZIP | | 4.4 CITY ST ZIP | |
| TITLE | | 5.1 TITLE | ☐ Change ☐ Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY ST ZIP | | 5.4 CITY ST ZIP | |
| TITLE | | 6.1 TITLE | ☐ Change ☐ Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY ST ZIP | | 6.4 CITY ST ZIP | |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 13.4 changed, or on an attachment with an address.

**SIGNATURE:** Doris J Bishop Doris J Bishop Sec. 4/28/95 904-394-2222
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0401070 FP