

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 559075 (7)

1. Corporation Name  
BISHOP'S WATER COMPANY, INC.



Principal Place of Business: 2605 KELLEY LANE, P. O. BOX 1009, LAKE WORTH FL 33460  
Mailing Address: 2605 KELLEY LANE, P. O. BOX 1009, LAKE WORTH FL 33460

3. Date Incorporated or Qualified: 02/07/1978  
3a. Date of Last Report: 01/19/1995

2. Principal Place of Business (21-24) and Mailing Address (2a-29) fields with sub-fields for Suite, City, State, Zip, and Country.  
4. FEI Number: 59-1826359  
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 liability for intangible tax under s 199.032, Florida Statutes: Yes/No

g. Name and Address of Current Registered Agent

MCCRACKEN, JOHN B  
PO DRAWER E 601 FLAGLER DR CT  
W PALM BEACH, FL  
33402

10. Name and Address of New Registered Agent

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code: FL

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD BISHOP, ROBERT [DELETE]	1 1 TITLE	[Change] [Addition]
NAME	BISHOP, ROBERT	12 NAME	
STREET ADDRESS	2288 SARATOGA BAY DR. W. PALM BEACH FL	13 STREET ADDRESS	
CITY-STATE-ZIP	S	14 CITY-STATE-ZIP	
TITLE	BISHOP, TRISHA K [DELETE]	2 1 TITLE	[Change] [Addition]
NAME	BISHOP, TRISHA K	2 2 NAME	
STREET ADDRESS	2288 SARATOGA BAY DR. W. PALM BEACH FL	2 3 STREET ADDRESS	
CITY-STATE-ZIP		2 4 CITY-STATE-ZIP	
TITLE	[DELETE]	3 1 TITLE	[Change] [Addition]
NAME		3 2 NAME	
STREET ADDRESS		3 3 STREET ADDRESS	
CITY-STATE-ZIP		3 4 CITY-STATE-ZIP	
TITLE	[DELETE]	4 1 TITLE	[Change] [Addition]
NAME		4 2 NAME	
STREET ADDRESS		4 3 STREET ADDRESS	
CITY-STATE-ZIP		4 4 CITY-STATE-ZIP	
TITLE	[DELETE]	5 1 TITLE	[Change] [Addition]
NAME		5 2 NAME	
STREET ADDRESS		5 3 STREET ADDRESS	
CITY-STATE-ZIP		5 4 CITY-STATE-ZIP	
TITLE	[DELETE]	6 1 TITLE	[Change] [Addition]
NAME		6 2 NAME	
STREET ADDRESS		6 3 STREET ADDRESS	
CITY-STATE-ZIP		6 4 CITY-STATE-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)(k), 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 if changed, or on an attachment with an address.

SIGNATURE: *Robert Bishop* 1/26/96 407-582-1367  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Time Phone #

CR2E034 (12/95)