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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 559075

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



DO NOT WRITE IN THIS SPACE

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
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3. Date Incorporated or Qualified
02/07/1978

2. Principal Place of Business 21 2605 Kelley Lane Suite, Apt. #, etc.	2a. Mailing Address 26 P.O. Box 21143 Suite, Apt. #, etc.
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4. FEI Number
59-1826359

Applied For	Not Applicable
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22	23 City & State LAKE WORTH FL	27	28 City & State West Palm Beach FL
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5. Certificate of Status Desired \$8.75 Additional Fee Required

24 Zip 33460	25 Country Palm Beach	29 Zip 33416	30 Country Palm Beach
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6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

9. 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	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL
83	
84 City	

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BISHOP, ROBERT	1.2 NAME	
STREET ADDRESS	2280 SARATOGA BAY DR. 7504 ALPHA CT E.	1.3 STREET ADDRESS	
CITY-ST-ZIP	W. PALM BEACH FL LAKE CLARKE SHORES FL 33406	1.4 CITY-ST-ZIP	
TITLE	S	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BISHOP, TRISHA K	2.2 NAME	
STREET ADDRESS	2280 SARATOGA BAY DR. 7504 ALPHA CT E	2.3 STREET ADDRESS	
CITY-ST-ZIP	W. PALM BEACH FL LAKE CLARKE SHORES FL 33406	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby 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 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, with all other like empowered.

SIGNATURE: Robert Bishop RED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Date: 11/22/98 Daytime Phone #: 561-582-1367

CR2E034 (1/98)