

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**  
**Feb 14 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



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

**DOCUMENT # P93000063793**  
 1. Corporation Name  
**Bishop & Buttrey, Incorporated**

Principal Place of Business Mailing Address

2. Principal Place of Business 21 <b>6239 Edgewater Drive</b>		2a. Mailing Address 26 <b>P.O. Box 1029</b>		3. Date Incorporated or Qualified <b>09-10-93</b>	3a. Date of Last Report <b>04-24-96</b>
22 <b>Suite D-1</b>		27 Suite, Apt. #, etc		4. FEI Number <b>59-3200739</b>	
23 <b>Orlando, Florida</b>		28 <b>Clarcona, Florida</b>		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
24 <b>32810</b> 25 <b>USA</b>		29 <b>32710-1029</b> 30 <b>USA</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
				81 Name <b>John Buttrey, Sr.</b>			
				82 Street Address (P.O. Box Number is Not Acceptable) <b>6239 Edgewater Drive</b>			
				83 <b>Suite D-1</b>			
				84 City <b>Orlando</b>	85 FL	Zip Code <b>32810</b>	

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, and I shall accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE: *John Buttrey - John Buttrey* 2-7-97

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
12.1 TITLE <b>Director/President</b> <input checked="" type="checkbox"/> DELETE	12.2 NAME <b>William L. Bishop</b>	12.3 STREET ADDRESS <b>807 S. Rome Avenue</b>	12.4 CITY-STATE-ZIP <b>Tampa, Florida 33606</b>	13.1 TITLE <b>Director/President</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	13.2 NAME <b>John W. Buttrey, Sr.</b>	13.3 STREET ADDRESS <b>6239 Edgewater Dr., Suite D-1</b>	13.4 CITY-STATE-ZIP <b>Orlando, Florida 32810-4747</b>
12.5 TITLE <b>Director/Secretary/Treasurer</b>	12.6 NAME <b>John W. Buttrey, Sr.</b>	12.7 STREET ADDRESS <b>1310 W. Colonial Dr., Ste. 29</b>	12.8 CITY-STATE-ZIP <b>Orlando, Florida 32804</b>	13.5 TITLE <b>Director/Secretary/Treasurer</b> <input checked="" type="checkbox"/> Addition	13.6 NAME <b>Nancy Buttrey</b>	13.7 STREET ADDRESS <b>6239 Edgewater Dr., Suite D-1</b>	13.8 CITY-STATE-ZIP <b>Orlando, Florida 32810-4747</b>
12.9 TITLE <input type="checkbox"/> DELETE	12.10 NAME	12.11 STREET ADDRESS	12.12 CITY-STATE-ZIP	13.9 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	13.10 NAME	13.11 STREET ADDRESS	13.12 CITY-STATE-ZIP
12.13 TITLE <input type="checkbox"/> DELETE	12.14 NAME	12.15 STREET ADDRESS	12.16 CITY-STATE-ZIP	13.13 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	13.14 NAME	13.15 STREET ADDRESS	13.16 CITY-STATE-ZIP
12.17 TITLE <input type="checkbox"/> DELETE	12.18 NAME	12.19 STREET ADDRESS	12.20 CITY-STATE-ZIP	13.17 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	13.18 NAME	13.19 STREET ADDRESS	13.20 CITY-STATE-ZIP
12.21 TITLE <input type="checkbox"/> DELETE	12.22 NAME	12.23 STREET ADDRESS	12.24 CITY-STATE-ZIP	13.21 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	13.22 NAME	13.23 STREET ADDRESS	13.24 CITY-STATE-ZIP
12.25 TITLE <input type="checkbox"/> DELETE	12.26 NAME	12.27 STREET ADDRESS	12.28 CITY-STATE-ZIP	13.25 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	13.26 NAME	13.27 STREET ADDRESS	13.28 CITY-STATE-ZIP

14. I 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 I filed 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 as shown in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *John Buttrey - John Buttrey* 2-7-97

CR2E034 (9/96)