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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997 DOCUMENT # P

DOCUMENT # P94000079230 (6)

THE BISHOP LAND COMPANY, INC.

Principal Place of Business Mailing Address 215 S. SWOOPE AVENUE 215 S. SWOOPE AVENUE MAITLAND FL 32751 MAITLAND FL 32751-5717 3. Date Incorporated or Qualified 3a. Date of Last Report 10/27/1994 09/19/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-3276286 Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Zip Country Zip Country This corporation has tiability for intangible tax under s. 199.032, Yes No 30 Florida Statutes 24 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name BISHOP, JAMES H 215 S. SWOOPE AVENUE 82 Street Address (P.O. Box Number is Not Acceptable) MAITLAND FL 32751 83 84 City 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, type dior printed name of registered agent and title il applicable (NOTE: Flegistered Agent signature required when reinstaling) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. 96/6) DELETE Change Addition PD 1.1 TITLE TITLE BISHOP, JAMES H 12 NAME \$2E034 NAME 215 S. SWOOPE AVENUE 1.3 STREET ADDRESS STREET ADORESS MAITLAND FL 32751 1.4 CITY - ST - ZIP CITY: ST-76 T-TLE DELETE 2.1 TITLE Change Addition NAME JOHNSON, JUDITH 2.2 NAME 537 S. DEARBORN ST. APT.13C 2.3 STREET ADDRESS STREET ADDRESS CHICAGO IL 60605 2 4 CITY-ST-ZIP DELETE Change Addition 101: F 31 TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4 CITY-ST-ZIP CITY - ST - ZIP DELETE Change Addition 4.1 TITLE THLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY ST-7IP DELETE 51 TITLE Change Addition TITLE NAMI 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP 011Y - 51 - 20F DELETE Change Addition 6.1 TITLE 1:11.6 6.2 NAME NAME STREET ACCRESS 6.3 STREET ADDRESS CHTY - ST - ZIP 64 CITY-ST-ZIP

14. 1 do 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 arachment with an address.

SIGNATURE:

Daytime Pixone #

FILED

Apr 07 1997 8:00am

Secretary of State