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 3:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **187658** **(0)**

1. Corporation Name
BISHOP REALTY INC. OF LAKE CITY

Principal Place of Business	Mailing Address
U. S. 90 WEST P. O. BOX 1298 LAKE CITY FL 32056-9298	U. S. 90 WEST P. O. BOX 1298 LAKE CITY FL 32056-9298

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **09/12/1955**
3a. Date of Last Report: **06/23/1994**

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

4. FEI Number: **59-0782499** ☐ 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. Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

BISHOP,VIRGINIA H.
4350 US 90 W
LAKE CITY FL 32055

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
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 (Typed or printed name of Registered Agent and Title if applicable) (Registered Agent's signature required if this is a change) (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS (if any)	
TITLE	PD	TITLE	☐ Change ☐ Addition
NAME	BISHO VIRGINIA H	NAME	
STREET ADDRESS	COLUMBIA CITY RD	STREET ADDRESS	
CITY-ST-ZIP	LAKE CITY FL	CITY-ST-ZIP	
TITLE	D	TITLE	☐ Change ☐ Addition
NAME	BISHOP, W E JR.,	NAME	
STREET ADDRESS	7 NE 2ND ST	STREET ADDRESS	
CITY-ST-ZIP	OCALA FL	CITY-ST-ZIP	
TITLE	ST	TITLE	☐ Change ☐ Addition
NAME	BISHOP, VIRGINIA H	NAME	
STREET ADDRESS	COLUMBIA CITY RD	STREET ADDRESS	
CITY-ST-ZIP	LAKE CITY FL	CITY-ST-ZIP	
TITLE	V	TITLE	☐ Change ☐ Addition
NAME	TOMPKINS, SIDNEY EARL	NAME	
STREET ADDRESS	1061 OLEANDER PLACE	STREET ADDRESS	
CITY-ST-ZIP	LAKE CITY FL	CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is, to the best of my knowledge, true and accurate and that this filing has been made in good faith. I further certify that the information indicated on this report or supplemental 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 with an asterisk (*) or an attachment with an asterisk.

SIGNATURE: Virginia H. Bishop
SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING OFFICER OR DIRECTOR
VIRGINIA H. BISHOP

4-27-95 (Date) 904 752-4211 (Daytime Phone #)

0401300 FP