

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 # 416362 (2)

1. Corporation Name

BISHOP SIGNS, INC.



Principal Place of Business

8355 GARDEN RD.
RIVIERA BCH FL 33404

Mailing Address

8355 GARDEN RD.
RIVIERA BCH FL 33404

2. Principal Place of Business

21 14025 TOMAHAWK TR

2a. Mailing Address

25 SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

27 SAME

City & State

23 PALM BCH GARDENS

City & State

28 FL SAME

Zip

24 33418

Country

25 USA

Zip

29 SAME

Country

30 USA

9. Name and Address of Current Registered Agent

~~INGRAM, WILLIAM~~
~~11130 S.E. FEDERAL HWY~~
~~HOBE SOUND FL 33455~~

3. Date Incorporated or Qualified

01/09/1973

3a. Date of Last Report

05/01/1995

4. FEI Number

59-1513812

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. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes

☒ No

10. Name and Address of New Registered Agent

81

Name KATHRYN BISHOP

82

Street Address (P.O. Box Number is Not Acceptable)

83

14025 TOMAHAWK TR.

84

City PALM BCH GARDENS, FL

85

Zip Code 33418

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 KATHRYN BISHOP

Kathryn Bishop

3-4-6

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME BISHOP, JOHN WILLIAM
STREET ADDRESS 14025 BANDED RACCOON DR
CITY-ST-ZIP PALM BEACH GARDENS FL

TITLE S ☐ DELETE

NAME BISHOP, KATHRYN
STREET ADDRESS 14025 BANDED RACCOON DR
CITY-ST-ZIP PALM BEACH GARDENS FL

TITLE VD ☐ DELETE

NAME BISHOP, KATHRYN
STREET ADDRESS 14025 BANDED RACCOON DR
CITY-ST-ZIP PALM BEACH GARDENS FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 1 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

2 1 TITLE ☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

3 1 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

4 1 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

5 1 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

6 1 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 CITY-ST-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:

Kathryn Bishop

Date

Daytime Phone #

CR2E034 (12/95)