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 MAR -2 PM 3:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 439862 (4)

1. Corporation Name

WILLIAM M. BISHOP CONSULTING ENGINEERS, INC.

Principal Place of Business	Mailing Address
715 NORTH CALHOUN STREET PO BOX 3407 TALLAHASSEE FL 32315	715 NORTH CALHOUN STREET PO BOX 3407 TALLAHASSEE FL 32315

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 11/13/1973
3a. Date of Last Report: 02/01/1994

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

4. FEI Number: 59-1499918 ☐ 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

9. Name and Address of Current Registered Agent

COLBERT, JAN B.
715 NORTH CALHOUN STREET
TALLAHASSEE FL 32303

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CB	1.1 TITLE	VP ☐ Change ☒ Addition
NAME	BISHOP, WILLIAM M.	1.2 NAME	Nations, Robert B. Jr.
STREET ADDRESS	715 N CALHOUN ST.	1.3 STREET ADDRESS	650 Jenks Avenue
CITY-ST-ZIP	TALLAHASSEE FL 32303	1.4 CITY-ST-ZIP	Panama City, FL 32401
TITLE	P	2.1 TITLE	☐ Change ☐ Addition
NAME	MURPHY, MICHAEL	2.2 NAME	
STREET ADDRESS	715 N CALHOUN ST.	2.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL 32303	2.4 CITY-ST-ZIP	
TITLE	VP	3.1 TITLE	☐ Change ☐ Addition
NAME	ADAMS, WILLIAM P	3.2 NAME	
STREET ADDRESS	715 N CALHOUN ST.	3.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL 32303	3.4 CITY-ST-ZIP	
TITLE	VP	4.1 TITLE	☐ Change ☐ Addition
NAME	DANTIN, J. KEITH	4.2 NAME	
STREET ADDRESS	715 N CALHOUN ST.	4.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL 32303	4.4 CITY-ST-ZIP	
TITLE	VP	5.1 TITLE	☐ Change ☐ Addition
NAME	SOUTHALL, JAMES	5.2 NAME	
STREET ADDRESS	650 JENKS STREET	5.3 STREET ADDRESS	
CITY-ST-ZIP	PANAMA CITY FL	5.4 CITY-ST-ZIP	
TITLE	ST	6.1 TITLE	☐ Change ☐ Addition
NAME	COLBERT, JAN B	6.2 NAME	
STREET ADDRESS	715 N. CALHOUN STRET	6.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL	6.4 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)(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.

SIGNATURE: Jan B. Colbert 2-24-95 (904) 222-0334
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0400040 FP