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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # **439862** (4)
1. Corporation Name
WILLIAM M. BISHOP CONSULTING ENGINEERS, INC.

Principal Place of Business
**715 NORTH CALHOUN STREET
PO BOX 3407
TALLHASSEE FL 32315**

Mailing Address
**715 NORTH CALHOUN STREET
PO BOX 3407
TALLHASSEE FL 32315-3407**

3. Date Incorporated or Qualified
11/13/1973
3a. Date of Last Report
02/26/1996
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

2. Principal Place of Business

21 State, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 State, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	CB	<input type="checkbox"/> DELETE
NAME	BISHOP, WILLIAM M.	
STREET ADDRESS	715 N CALHOUN ST.	
CITY - ST - ZIP	TALLAHASSEE FL 32303	
TITLE	P	<input type="checkbox"/> DELETE
NAME	MURPHY, MICHAEL	
STREET ADDRESS	715 N CALHOUN ST.	
CITY - ST - ZIP	TALLAHASSEE FL 32303	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	ADAMS, WILLIAM P	
STREET ADDRESS	715 N CALHOUN ST.	
CITY - ST - ZIP	TALLAHASSEE FL 32303	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	DANTIN, J. KEITH	
STREET ADDRESS	715 N CALHOUN ST.	
CITY - ST - ZIP	TALLAHASSEE FL 32303	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	SOUTHALL, JAMES	
STREET ADDRESS	650 JENKS STREET	
CITY - ST - ZIP	PANAMA CITY FL	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	COLBERT, JAN B	
STREET ADDRESS	715 N. CALHOUN STRET	
CITY - ST - ZIP	TALLAHASSEE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	NATIONS, ROBERT B.	
1.3 STREET ADDRESS	650 JENKS AVENUE	
1.4 CITY - ST - ZIP	PANAMA CITY, FL 32401	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. I 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 attachment with an address.

SIGNATURE:

Jan B. Colbert
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-23-97

904-222-0334

Date

Daytime Phone #

CP2E034 (9/96)