FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED PROFIT FLORIDA DEPARTMENT OF STATE Jan 28 1998 8:00am CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # 515490 (1)DRS. BISHOP AND BERTOT, P.A. Principal Place of Business Mailing Address 320 N MAITLAND AVE 320 N MAITLAND AVE MAITLAND FL 32751 MAITLAND FL 32751 DO NOT WRITE IN THIS SPACE Date Incorporated or Qualified 10/01/1976 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 59-1688729 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State **\$5.00** May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Ζiρ Country 8. This corporation owes or has paid the current year Intangible 24 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 BISHOP, JOHN W. 320 N. MAITLAND AVENUE 82 Street Address (P.O. Box Number is Not Acceptable) MAITLAND FL 32751 83 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 (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE 1.1 TITLE __ Change ___ Addition TITLE BISHOP, JOHN W. NAME 1.2 NAME CR2E034 331 N. MAITLAND AVE. STREET ADDRESS 1.3 STREET ADDRESS MAITLAND FL CITY - ST - ZIP 1.4 CITY-ST-ZIP DELETE ... Change Addition **VPS** TITLE 2.1 TITLE BERTOT, CARLOS A MAME 22 NAME 320 N MAITLAND AVE STREET ADDRESS 2.3 STREET ADDRESS MAITLAND FL 32751 CITY - ST - ZIP 2. 4 CITY-ST-ZIP ■ DELETE Change ___ Addition 3.1 TITLE STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY - ST-ZIP CITY-ST-ZIP ☐ DELETE 4.1 TITLE Change TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Channe Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY - ST- ZIP 5.4 CITY-ST-ZIP DELETE TITLE 6.1 TIŢLE

62 NAME

14. I hereby certify that the Information supplied with this filling 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 charged, or or an attechment with an address.

6.3 STREET ADDRESS

(406) 628-2286

6.4 CITY - ST - ZIP

NAME

STREET ADORESS

SIGNATURE:

CITY - ST-ZIP