2000 UNIFORM BUSINESS REPORT (UBR)

Jan 19, 2000 8:00 am Secretary of State **DOCUMENT # 830353** 1. Entity Name BISHOP CORPORATION ... 01-19-2000 90142 018 ***158.75 Mailing Address Principal Place of Business 1498 SERENE WAY SOUTH 2. Principal Place of Places ST. PETERSBURG FL 33705-6134 ST:: PETERSBURG FL 33705 2. Principal Place of Business 3. Mailing Address ODO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 38-0844170 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent TRENAM, SIMMONS, KEMKER, SCHARF, ET AL Street Address (P.O. Box Number is Not Acceptable) O'NEILL, ALBERT C., JR. 2700 BARNETT PLAZA **TAMPA FL 33602** Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. DATE (NOTE: Registered Agent signature, typed or printed name of registered agent and title if applicable. Agent agent and title if applicable. Agent 9. Trus corporation is eligible to satisfy its intengible as FILE NOW!!! FEE IS \$150'00 After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. PTD ☐ Change ☐ Delete TITI F TITLE JOHNSON, FLORENCE M. NAME NAME 1498 SERENE WAY SO. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ST. PETERSBURG FL 33705 CITY-ST-7IP ☐ Change ☐ Addition ☐ Delete TITLE TITLE JOHNSON, FLORENCE M. NAME NAME 1498 SERENE WAY SO. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ST. PETERSBURG FL 33705 CITY-ST-ZIP Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS 8 SERGNE TERS BURG CITY-ST-ZIP 33*70*5 CITY-ST-ZIP ☐ Change ☐ Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Delete ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 13. I 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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED