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FILED
Feb 24, 1999 8:00 am
Secretary of State

02-24-1999 90124 006 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # G04019

1. Corporation Name
BISCHOFF STUDIOS, INC.

Principal Place of Business

~~RT 2 BOX 230~~
QUINCY FL 32351
US

Mailing Address

RT 2 BOX 230
QUINCY FL 32351
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/11/1982

4. FEI Number

59-2221979

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 **902 Solomon Dairy Rd**

Suite, Apt. #, etc.

City & State

23 **Quincy FL**

Zip

Country

24 **32351** 25 **USA**

2a. Mailing Address

26 **902 Solomon Dairy Rd**

Suite, Apt. #, etc.

City & State

28 **Quincy FL**

Zip

Country

29 **32351** 30 **USA**

9. Name and Address of Current Registered Agent

BISCHOFF, ROBERT H
708 DRYWOOD AVE
FERN PARK FL 32730

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **V** ☐ DELETE
NAME **BISCHOFF, ROBERT K**
STREET ADDRESS ~~RT 2, BOX 230~~
CITY-ST-ZIP **QUINCY, FL 00000**

TITLE **PST** ☐ DELETE
NAME **BISCHOFF, JO ANN**
STREET ADDRESS ~~RT 2, BOX 230~~
CITY-ST-ZIP **QUINCY 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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **V** ☒ Change ☐ Addition
1.2 NAME **Bischoff Robert K**
1.3 STREET ADDRESS **902 Solomon Dairy Rd**
1.4 CITY-ST-ZIP **Quincy FL 32351**

2.1 TITLE **PST** ☒ Change ☐ Addition
2.2 NAME **Bischoff Jo Ann**
2.3 STREET ADDRESS **902 Solomon Dairy Rd**
2.4 CITY-ST-ZIP **Quincy FL 32351**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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, with all other like empowered.

SIGNATURE:

Jo Ann Bischoff **Jo Ann Bischoff**

1/20/99

850 875 3184

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)