

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # J03299 (1)
1. Corporation Name
BISHGOFF, INC.



Principal Place of Business Mailing Address
50 NORTH LAURA STREET
SUITE 3625
JACKSONVILLE FL 32202
US

3. Date Incorporated or Qualified 03/11/1986	3a. Date of Last Report 03/10/1995
4. FEI Number 59-2689115	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent

BISHOP, BENJAMIN C.
50 NORTH LAURA STREET
SUITE 3625
JACKSONVILLE FL 32202

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 types printed name of registered agent and corporation)

(Note: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	
NAME	BENJAMIN, BISHOP C JR.	1.2 NAME	
STREET ADDRESS	50 NORTH LAURA STREET, STE. 3625	1.3 STREET ADDRESS	
CITY- ST- ZIP	JACKSONVILLE FL	1.4 CITY- ST- ZIP	
TITLE	DS	2.1 TITLE	
NAME	BISHOP, STARKE H.	2.2 NAME	
STREET ADDRESS	5003 LONG BOW ROAD	2.3 STREET ADDRESS	
CITY- ST- ZIP	JACKSONVILLE FL	2.4 CITY- ST- ZIP	
TITLE	D	3.1 TITLE	
NAME	BENJAMIN, BISHOP C 111	3.2 NAME	
STREET ADDRESS	102 TEREBA COURT	3.3 STREET ADDRESS	
CITY- ST- ZIP	PORTE VERDE BEACH FL	3.4 CITY- ST- ZIP	
TITLE	S	4.1 TITLE	
NAME	STARKE H BISHOP	4.2 NAME	
STREET ADDRESS	5003 LONG BOW RD	4.3 STREET ADDRESS	
CITY- ST- ZIP	JACKSONVILLE FL	4.4 CITY- ST- ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY- ST- ZIP		5.4 CITY- ST- ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY- ST- ZIP		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)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Benjamin C. Bishop, Jr., President

4/1/96

904/354-5573

Date

Daytime Phone

CR2E034 (12/95)