

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

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 FEB 23 PM 3: 03

DOCUMENT # L96186 (6)

1. Corporation Name

MICHAEL E. BISHOP, INC.

Principal Place of Business

**8209 NORTHWEST 74TH TERRACE
TAMARAC FL 33321**

Mailing Address

**8209 NORTHWEST 74TH TERRACE
TAMARAC FL 33321**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/10/1990

3a. Date of Last Report

03/15/1994

4. FEI Number

65-0218135

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. 190.032,
Florida Statutes

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

**BISHOP, MICHAEL E.
8209 NORTHWEST 74TH TERRACE
TAMARAC FL 33321**

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. Thereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

(Signature of person or persons of registered agent and their designator)

(Signature of person or persons of registered agent and their designator)

Date

OFFICERS AND DIRECTORS

ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12

12.1	D
NAME	BISHOP, MICHAEL E.
STREET ADDRESS	8209 N.W. 74TH TERRACE
CITY, ST, ZIP	TAMARAC FL
12.2	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
12.3	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
12.4	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
12.5	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
12.6	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
12.7	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
12.8	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13.1	1.1 NAME	☐ Change ☐ Addition
13.2	1.2 NAME	
13.3	1.3 STREET ADDRESS	
13.4	1.4 CITY, ST, ZIP	
13.5	2.1 NAME	☐ Change ☐ Addition
13.6	2.2 NAME	
13.7	2.3 STREET ADDRESS	
13.8	2.4 CITY, ST, ZIP	
13.9	3.1 NAME	☐ Change ☐ Addition
13.10	3.2 NAME	
13.11	3.3 STREET ADDRESS	
13.12	3.4 CITY, ST, ZIP	
13.13	4.1 NAME	☐ Change ☐ Addition
13.14	4.2 NAME	
13.15	4.3 STREET ADDRESS	
13.16	4.4 CITY, ST, ZIP	
13.17	5.1 NAME	☐ Change ☐ Addition
13.18	5.2 NAME	
13.19	5.3 STREET ADDRESS	
13.20	5.4 CITY, ST, ZIP	
13.21	6.1 NAME	☐ Change ☐ Addition
13.22	6.2 NAME	
13.23	6.3 STREET ADDRESS	
13.24	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 Sections 607.0502 and 607.1508, Florida Statutes. I further certify that the information included on the annual report or supplemental annual report is true and accurate and that my signature is placed on this report in good faith and in compliance with the provisions of Sections 607.0502 and 607.1508, Florida Statutes. I am familiar with and accept the obligations of, Section 607.0505, Florida Statutes. I am familiar with and accept the obligations of, Section 607.0505, Florida Statutes. I am familiar with and accept the obligations of, Section 607.0505, Florida Statutes. I am familiar with and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE:

Michael E Bishop

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MICHAEL E BISHOP President 2/24/95 JOL 284 2121