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

NAME

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

Apr 20 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # M67160 (5)BISHOP & SONS, INC. Principal Place of Business Mailing Address C/O OLIN R. BISHOP C/O OLIN R. BISHOP 4526-E MOORE CIRCLE 4528-E MOORE CIRCLE DO NOT WRITE IN THIS SPACE TALLAHASSEE FL 32304 TALLAHASSEE FL 32304 3. Date Incorporated or Qualified 02/05/1988 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 59-2875142 Not Applicable 21 26 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 Country Country 8. This corporation owes or has paid the current year intangible 24 25 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 Name BISHOP, OLIN R. 4526-E MOORE CIRCLE 82 Street Address (P.O. Box Number is Not Acceptable) TALLAHASSEE FL 32304 83 84 City 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) CR2E034 (10/97 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. Addition DELETE 1.1 TITLE Change TITLE BISHOP, OLIN R. NAME 2984 SETTLERS BLVD. STREET ADDRESS 1.3 STREET ADORESS TALLAHASSEE FL 1.4 CITY-ST-ZIP CITY-ST-ZIE DELETE Спапде ☐ Addition TITLE 2.1 TITLE DEAN, WESLEY H. NAME 2.2 NAMÉ 2624 HEMLOCK CT. 2.3 STREET ADDRESS STREET ADDRESS TITUSVILLE FL 2. 4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-S1-ZIP Addition DELETE Change 51 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5 4 CiTY-ST-ZIP CITY-ST-ZIP Channe Addition DELFTE 6.1 TITLE TITLE 6.2 NAME

6.3 STREET ADDRESS

14. 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 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.

FILED