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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000030454 (0)

BISHOP PEST CONTROL, INC.

Principal Place of Business	Mailing Address		
918 FRENCH AVE SANFORD FL 32771	918 FRENCH AVE SANFORD FL 32771		

FILED Apr 06 1998 8:00am Secretary of State



SAMEOND FL SETTI		SAIR ORD TE SZIVI		DO NOT WRITE IN TH	DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualified		
6 Delegation of Di	look of Business	As Mailing Address		04/18/1994 4. FEI Number	A0-47-	
	ace of Business	2a. Mailing Address	· ·		Applied For Not Applicable	
Suite, Apt.	# ata	Suite, Apt. #, etc.		59-3238976	\$8.75 Additional	
22 Suite, Apt.	π, σιο.	27 Suite, Apr. #, etc.		5. Certificate of Status Desired	Fee Required	
City & State	3	City & State		6. Election Campaign Financing	\$5.00 May Be	
23	-	28		Trust Fund Contribution	Added to Fees	
Zip	Country	Zip	Country	8. This corporation owes or has paid the		
24	25	29	30	Personal Property Tax due June 30.	Yes 🔲 No	
	9. Name and Address of Curre			10. Name and Address of New Register	ed Agent	
BIS	HOP, RONALD L		- 81 N	ame		
918	FRENCH AVE		62 Si	reet Address (P.O. Box Number is Not Acceptable)		
	NFORD FL 32771		 	reet Address (F.O. Box Namber is Not Acceptable)	•	
3 11			В3		****	
			101		120 7 Octo	
			64 C	ry F	B5 Zip Code	
11. Pursuant I	to the provisions of Sections 607.05	502 and 607.1508, Florida \$	tatutes, the above-na	med corporation submits this statement for the purpose	o of changing its registered	
office or re	egistered agent, or both, in the Statem femiliar with, and accept the obli	ite of Florida, Such change vigations of Section 607 0509	vas authorized by the	corporation's board of directors. I hereby accept the	appointment as registered	
	iti igirmiai witii, ariu accept tile obli	igations of operior out took	o, i ionga olalulos.			
SIGNATURE	Signature, typed or printed name of registered a	agent and title if applicable	(NO1E: Registered Agent sig	nature required when reinstating) DAT	<u> </u>	
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	AND DIRECTORS IN 12	
TITLE	PTD	☐ DELETE	1.1 TITLE		Change Addition	
NAME	BISHOP, RONALD L		1.2 NAME			
STREET ADORESS	244 LAKE WOOD DR		1.3 STREET ADD	RESS		
CITY-ST-ZIP	DEBARY FL 32713		1.4 CITY-ST-ZIF	,		
TITLE	VS	DELETE	21 TITLE		Change Addition	
RAME	BISHOP, BETTY L		22 NAME			
STREET ADDRESS	244 LAKE WOOD DR		23 STREET ADD	RESS		
CITY-ST-ZIP	DEBARY FL 32713		2 4 CITY-SF-ZI	P		
TITLE		☐ DELETE	3 1 TITLE		Change Addition	
NAME			3.2 NAME			
STREET ADDRESS			3 3 STREET ADD	RESS		
CITY-ST-ZIP			3 4. CITY-ST-ZI	P		
TITLE		☐ DELETE	41 TITLE		Change Addition	
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET ADD	RESS		
CITY-ST-ZIP			4.4 CITY - ST - ZIF		· · · · · · · · · · · · · · · · · · ·	
TITLE		☐ DELETE	51 TITLE		Change Addition	
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDR	RESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIE			
TITLE	<u> </u>	☐ DELETE	6.1 TITLE		Change Addition	
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDI	RESS		
CITY_ ST_ 7IP			6.4 CITY . \$1 . 7/6			

14. 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.