

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

FILED

98 OCT 20 PM 2:10

SECRETARY OF STATE  
FLORIDA



REINSTATEMENT

96-98

DOCUMENT # P95000021753 (5)

1. Corporation Name

BING H20, INC.

Principal Place of Business

3833 N LAKE ORLANDO PKWY  
ORLANDO FL 32808

Mailing Address

3833 N LAKE ORLANDO PKWY  
ORLANDO FL 32808

2. Principal Place of Business

21 479 CYPRESS AVE

Suite, Apt. #, etc.

22 ORANGE CITY FL

23 ORANGE CITY FL

24 32763 25

26 479 CYPRESS AVE

27 ORANGE CITY FL

28 32763 29 30

2a. Mailing Address

26 479 CYPRESS AVE

Suite, Apt. #, etc.

27 ORANGE CITY FL

28 ORANGE CITY FL

29 32763 30

3. Date Incorporated or Qualified

03/15/1995

3a. Date of Last Report

4. FEI Number

1 Applied For  
Not Applicable

5. Certificate of Status Desired

X

\$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 199.032,  
Florida Statutes

□ Yes

X No

g. Name and Address of Current Registered Agent

JONES, FREDERICK W  
C/O GRAHAM, CLARK JONES, PRATT & MARKS  
369 N NEW YORK AVE THIRD FLOOR  
WINTER PARK FL 32789

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 FREDERICK W. JONES

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

(NOTE: Registered Agent signature required when re-registering)

DATE

10/16/98

12. OFFICERS AND DIRECTORS

TITLE D  
NAME DONOVAN, CHRISTINE J  
STREET ADDRESS 1000 RUTH DR  
CITY-ST-ZIP BRYANT AK 72022

TITLE D  
NAME SMITH, ARLINE D  
STREET ADDRESS 3833 N LAKE ORLANDO PKWY  
CITY-ST-ZIP ORLANDO FL 32808

TITLE D  
NAME BIRGE, LARRY  
STREET ADDRESS HC2 WALDENHEIM 535  
CITY-ST-ZIP PEQUOT LAKES MN 56472-9803

TITLE D  
NAME SMITH, DAVID J  
STREET ADDRESS 3833 N LAKE ORLANDO PKWY  
CITY-ST-ZIP ORLANDO FL 32808

TITLE D  
NAME REED, EUGENE  
STREET ADDRESS 541 LAKE RD  
CITY-ST-ZIP PONTE VEDRA BEACH FL 32004

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP  
700002673187--0  
-10/27/98-01033-015  
\*\*\*1058.75 \*\*\*1058.75

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

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

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

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

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
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:

CHRISTINE J DONOVAN 8-31-98 800-977-2164

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)