DOCUMENT # P9700050917 1. Entity Name BISHOP'S FAMILY FURNISHINGS, INC.						FILED Jan 08, 2001 8:00 am Secretary of State					
Principal Plac	ce of Business	Mailing Address					01-08-2001 90	•			
2400 US HWY. 27 S. AVON PARK FL 33825		2400 US HWY. 27 S. AVON PARK FL 33825									
2. Principal Place of Business		3. Mailing Address									
Suite, Apt. #, etc.		Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE					
City & State		City & State			4.	FEI Number	65-0756778			plied For t Applicable]
Zip Country		Zip Coun		ntry		5., Certificate of Status Desired \$8.75 Additional Fee Required				itional	1
	6. Name and Address of Current R	egistered Agent	1		7.	Name and A	ddress of New Registe				1
,	`			Name					_]
MALONE, DIANE L 2400 US HWY. 27 S.				Street A	ddress (P.O.	Box Number	is Not Acceptable)				1
AVO	N PARK FL 33825										
				City				$FL \mid^{z}$	ip Code	}	
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) (NOTE. Req FILE NOW!!! F After MAY 1, 2001 Make Check Payable to				IS \$150. will be \$5	550.00	10. Elect	ion Campaign Financing Fund Contribution.	ATE		0 May Be to Fees	
11.	OFFICERS AND D		12.			DDITIONS/C	HANGES TO OFFICERS] ू
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BISHOP, FREDDA L 3820 SCENIC HWY SEBRING FL 33870	☑ Delete			M Qd	ialoni 3820 S Sebrii	e, Diane cenic Hwy		Change	M Addition	CR2E034 (10/00)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST BISHOP, WILLIAM A 4401 LOST BALL DR. SEBRING FL 33872	Delete							Change	Addition	A.S.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS MALONE, JOSEPH C 3820 SCENIC HWY SEBRING FL 33870	▼ Delete			VST - 3 3 5	alone 820 S ebrir	Joseph C. cenic Hwy 19, Fl 338	□ (70	Change	Addition	_
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BISHOP, FREDDA L 3250 N AMHERST RD AVON PARK FL 33825	™ Delete			B15	hop, F 250 N	redda L. LAmherst Ro Park Fl 33	}	Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BISHOP, WILLIAM A 3250 N AMHERST RD AVON PARK FL 33825	☐ Delete				~~~			Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TYXEY.	C Delete							Change	Addition	
indicated of the cor	certify that the information supplied with the on this report or supplemental report is to poration or the receiver or trustee empower on an attachment with an address, with	rue and accurate and that r rered to execute this report	ny signat as requi	ure shall h	ave the same	legal effect a	as it made under oath; tr	nat I am an	officer	or airector	7 -

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

/-3-0/

-

863-453-9445 Daylime Phone # Afterdment P97000050917 D0000696

changes should have changes should have his been last this way last the last Ploase ? lasd see been made whom who have year whom who have year who have

make changes