Diameter 1

AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

Mailing Address

2184 HIDDEN DRIVE WEST

GREEN COVE SPRINGS FL 32043

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000061384

DARRELL L. BISHOP, INC.

Principal Place of Business

2184 HIDDEN DRIVE WEST GREEN COVE SPRINGS FL 32043

SIGNATURE

3. Date Incorporated or Qualified 07/09/1998 EEJ Applied For 2. Principal Place of Business 2a. Mailing Address Not Applicable 21 26 \$8.75 Additional Suite, Apt. #, etc. Suite, Apl. #, etc. Fee Required 27 \$5.00 May Be City & State City & State 6. Election Campaign Financing Added to Fees Trust Fund Contribution 28 23 Country ΖID Country Zίρ 8. This corporation owes the current year Yes 30 Intangible Personal Property. 24 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent BISHOP, DARRELL L 82 Street Address (P.O. Box Number is Not Acceptable) 2184 HIDDEN DRIVE WEST **GREEN COVE SPRINGS FL 32043** 83 84 City 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) CR2E034 (5/99) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. Change Addition 1.1 TITLE TILE DELETE BISHOP, DARRELL L 12 NAME NAME 2184 HIDDEN DRIVE WEST 1.3 STREET ADDRESS STREET ADDRESS **GREEN COVE SPRINGS FL 32043** 1.4 CITY-ST-ZP CITY-ST-ZIP 2.1 TITLE Change Addition TITLE DELETE NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition 3.1 TITLE TITLE DELETE 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4 City-ST-ZiP CITY-ST-ZIP DELETE 41 TILE __ Change ___ Addition mue 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition 5.1 TITLE TITLE DELETE 5.2 NAME NAME 53 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition 6.1 TITLE TITLE DELETE 5.2 NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP ith his filing does not qualify for the exemption stated in section 119.07(3)(i), Florida Statutes. I further certify that the information (a) annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears indicated on this are an officer or director in Block 12 or Block

FILED Sep 03, 1999 8:00 am Secretary of State

09-03-1999 90005 015 ***150.00

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