


**FILED**  
**Mar 02, 1999 8:00 am**  
**Secretary of State**

03-02-1999 90084 014 \*\*\*150.00

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> <b>Secretary of State</b> <b>DIVISION OF CORPORATIONS</b>
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**DOCUMENT # P98000087789**

1. Corporation Name

**THE BILL BISHOP COLLECTION, INC.**

Principal Place of Business

1210 EDGEWATER DR.  
ORLANDO FL 32804

Mailing Address

1210 EDGEWATER DR.  
ORLANDO FL 32804
*Bill & Janie Bishop*  
 1010 Lake Adair Blvd.  
 Orlando, FL 32804


DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/12/1998

4. FEI Number

593542644

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution☐\$5.00 May Be  
Added to Fees7. This corporation owes the current year Intangible  
Personal Property Tax.☐Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

City &amp; State

Zip

Country

22

23

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

City &amp; State

Zip

Country

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9. Name and Address of Current Registered Agent

BISHOP, WILLIAM D JR.

1210 EDGEWATER DR.

ORLANDO FL 32804

*Bill & Janie Bishop*  
 1010 Lake Adair Blvd.  
 Orlando, FL 32804

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	BISHOP, WILLIAM D JR.	
STREET ADDRESS	1210 EDGEWATER DR.	
CITY-ST-ZIP	ORLANDO FL 32804	

TITLE	D	<input type="checkbox"/> DELETE
NAME	BISHOP, MARTHA J	
STREET ADDRESS	1210 EDGEWATER DR.	
CITY-ST-ZIP	ORLANDO FL 32804	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	

2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	

3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	

4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	

5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	

6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Martha J Bishop*  
 Martha J Bishop

1/14/99

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