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04-29-1999 90071 050 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000107956

1. Corporation Name

BULL & BEAR CAPITAL ADVISORS, INC.

Principal Place of Business

392 SCARLET BUGLER LANE NORTH
JACKSONVILLE, FL 32225

Mailing Address

392 SCARLET BUGLER LANE NORTH
JACKSONVILLE FL 32225

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/30/1998

4. FEI Number

59-3550732

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 8659 Nathans Cove Court

Suite, Apt. #, etc.

22
City & State
23 Jacksonville, FL

24 Zip 32256 25 Country USA

2a. Mailing Address

26 8659 Nathans Cove Court

Suite, Apt. #, etc.

27
City & State
28 Jacksonville, FL

29 Zip 32256 30 Country USA

9. Name and Address of Current Registered Agent

BISHOP, MATTHEW B
392 SCARLET BUGLER LANE NORTH
JACKSONVILLE FL 32225

10. Name and Address of New Registered Agent

81 Name Matthew B. Bishop
82 Street Address (P.O. Box Number is Not Acceptable)
8659 Nathans Cove Court
83
84 City Jacksonville FL 85 Zip Code 32256

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 Matthew B. Bishop Matthew B. Bishop 4/01/99
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 ☐ DELETE
NAME BISHOP, MATTHEW B
STREET ADDRESS 392 SCARLET BUGLER LANE NORTH
CITY-ST-ZIP JACKSONVILLE FL 32225

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D ☒ Change ☐ Addition
1.2 NAME Bishop, Matthew B.
1.3 STREET ADDRESS 8659 Nathans Cove Court
1.4 CITY-ST-ZIP Jacksonville, FL 32256

2.1 TITLE Director ☐ Change ☒ Addition
2.2 NAME Ronald W. Allen
2.3 STREET ADDRESS 900 23rd Street North
2.4 CITY-ST-ZIP Jacksonville Beach, FL 32250

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

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

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

6.1 TITLE ☐ Change ☐ 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: Matthew B. Bishop Matthew B. Bishop 4/01/99 (904) 221-2216
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)