## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## **DOCUMENT # K13683**

1. Corporation Name

ALLEN BEE RIDGE AMOCO, INC.

## Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90116 034 \*\*\*150.00



	·								
Principal Place of Business Malling Address							11011 01011	11011 #4211 <b>41611</b> 1001	
2407 BEE RIDGE RD 2407 BEE RIDGE RD SARASOTA FL 34239 SARASOTA FL 34239						DO NOT WRITE IN THIS	SPACE		
ĺ						3. Date Incorporated or Qualifed			
}						01/25/1988		ļ	
2. Principal P	Principal Place of Business 2a. Mailing Address					4. FEI Number		Applied For	
21		26				65-0029992		Not Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc.						T	\$8.7	5 Additional	
27				<u> : -</u>		5. Certifcate of Status Desired	Fe:	a Required = ===	
City & State City & State						6. Election Campaign Financing	\$5.	00 May Be	
23	3 28			<u> </u>		Trust Fund Contribution	Add	led to Fees	
Zip				ıntry		8. This corporation owes the current year in	tangible		
24	25 29 30					Personal Property Tax. Yes XNo			
Ĺ	9. Name and Address of Curren	nt Registered Agent		-	<del></del>	10. Name and Address of New Registered	Agent		
ALLE	IN PART			81	Name			1	
ALLEN, BART				82	2 Street Address (P.O. Box Number is Not Acceptable)				
2407 BEE RIDGE RD SARASOTA FL 34239									
SAN	A301A FL 34239			83				ĺ	
1				84	City	·	85 2	Zip Code	
}					0,	FL			
office or re	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was	s authorized	d by	the corporation	ration submits this statement for the purpose of i's board of directors. I hereby accept the appo	changing intment a	g its registered s registered	
SIGNATURE	•								
	Signature, typed or printed name of registered ager			Agen	t signature required t				
12.		ID DIRECTORS	13.		<del></del>	ADDITIONS/CHANGES TO OFFICERS AI			
TITLE	D	☐ DELETE	1.1 TI				Char	nge 🗍 Addition	
NAME (	ALLEN, BART		1.2 N	AME	1			Ì	
STREET ADDRESS	2407 BEE RIDGE RD		1.3 S	TREET	ADDRESS	•		1	
CITY-ST-ZIP	SARASOTA FL	···		17Y-S1	r-ZIP				
TITLE	D DELETE		2.1 TI	TLE			☐ Char	nge 🔲 Addition	
NAME	ALLEN, MAXINE		2.2 N	AME	ı				
STREET ADDRESS	2407 BEE RIDGE RD		2.3 \$	TREET	ADDRESS			1	
CITY-ST-ZIP	SARASOTA-FL	· · .	2.40	ITY-\$	T-ZIP		<u> </u>		
TITLE ]		DELETE	3.1 TI	TLE			Char	nge	
NAME			3.2 N	AME	ļ		•	1	
STREET ADDRESS			3.3 8	TREET	ADDRESS			}	
CITY-ST-ZIP			3.4. C	ITY-S	T-ZIP				
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NAME		•	4.2 N	AME	į			1	
STREET ADDRESS			4.3 5	TREET	ADDRESS			ł	
CITY-ST-ZIP			4.4 C	TY-ST	r-ZIP				
TITLE		☐ DELETE	5.1 TI	TLE			Char	nge	
NAME			5.2 N	AME	}		•	}	
STREET ADORESS			5.3 S	TREET	ADDRESS				
CITY-ST-ZIP		·	5.4 CI	TY-ST	-ZIP				
TITLE		☐ DELETE	6.1 ∏	TLE		,	Char	nge Addition	
NAME			6,2 N	AME	1				
STREET ADDRESS	1.5		6.3 S	TREET	ADDRESS			}	
CITY-ST-ZIP			6.4 CI	TY-ST	ZIP			1	

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 advantage of the corporation of the receiver of the corporation of 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 advantage of the corporation of the receiver of the corporation of 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 advantage of the corporation of the receiver or trustee empowered to execute this report as required by Chapter 607.

SIGNATURE: