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

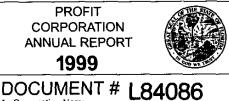
26

**PROFIT** CORPORATION ANNUAL REPORT

1999

1. Corporation Name

21



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** 

## **FILED** Mar 31, 1999 8:00 am **Secretary of State**

03-31-1999 90016 010 \*\*\*150.00

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59-3017760

RISSER OIL CORPORATION			
Principal Place of Business	Mailing Address	f 100/1017 abt 101/1 aldti Abiet 14112 atts brett Atte a	
2865 EXECUTIVE DRIVE C/O COPPERWHEAT. JACQUELYN CLEARWATER FL 33762	2865 EXECUTIVE DRIVE C/O COPPERWHEAT, JACOUELYN CLEARWATER FL 33762	DO NOT WRITE IN THIS SPACE	
us	US	3. Date incorporated or Qualifed 06/27/1990	
2. Principal Place of Business	2a. Mailing Address	4. FEI Number	

\$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5 - Certificate of Status Desired Fee Required 22 City & State \$5.00 May Be City & State 6. Election Campaign Financing Added to Fees Trust Fund Contribution 23 Zip Country Country Zip This corporation owes the current year Intangible Yes □No 30 Personal Property Tax. 25 29 24 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 RICE, MARTIN ERROL Street Address (P.O. Box Number is Not Acceptable) 333 THIRD AVE N. SUITE 235 83 ST PETERSBURG FL 33701 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.

ugom u	in terminal many and accept and engagement on accer-	,				l l
SIGNATURE	Signature, typed or printed name of registered agent and title if applica	No (NOTE: Re	edictored Agent signature require	ed when reinstating) DATE		
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12						
TITLE	D.	DELETE	1.1 TITLE	7.05711011010117111010111111111111111111	Change	Addition
NAME	RISSER, P. N. III		1.2 NAME			
STREET ADDRESS	2865 EXECUTIVE DRIVE		1.3 STREET ADDRESS			1
CITY-ST-ZIP	CLEARWATER FL		1.4 CITY+ST-ZIP			
TITLE	P	☐ DELETE	2.1 TITLE		☐ Change	☐ Addition
NAME	MITCHELL, BRUCE		2.2 NAME			
STREET ADDRESS	2865 EXECUTIVE DRIVE		2.3 STREET ADDRESS			1
CITY-ST-ZIP	CLEARWATER FL		2. 4 CITY-ST-ZIP	•		
TITLE	S	DELETE	3.1 TITLE	The second of th	Change	[=] Addition
NAME	COPPERWHEAT, JACQUELYN		3.2 NAME			
STREET ADDRESS	2865 EXECUTIVE DRIVE		3.3 STREET ADDRESS	•		
CITY-ST-ZIP	CLEARWATER FL		3.4. CITY-ST-ZIP			
TITLE	٧ ،	☐ DELETE	4.1 TITLE		Change	☐ Addition
NAME	KATCHUK, KERRY		4, 2 NAME			1
STREET ADDRESS	2865 EXECUTIVE DRIVE		4.3 STREET ADDRESS		•	
CITY-ST-ZIP	CLEARWATER FL		4.4 CITY-ST-ZIP			
TITLE	T	☐ DELETE	5.1 TITLE	<del>.</del>	☐ Change	☐ Addition
NAME	HARRISON, SHARON		5.2 NAME			
STREET ADDRESS	2865 EXECUTIVE DRIVE		5.3 STREET ADDRESS			Ì
CITY-ST-ZIP	CLEARWATER FL		5.4 CITY-ST-ZIP			
TILE		☐ DELETE	6.1 TITLE		Change	Addition
NAME			6.2 NAME			1
STREET ADDRESS	A STATE OF THE STA	:	6.3 STREET ADDRESS			}
	l		<b>■</b> 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 attachment with an address, with all other like empowered.

SIGNATURE: S

Applied For

Not Applicable