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Feb 02, 1999 8:00am
Secretary of State

02-02-1999 90012 019 ****150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # K51008

1. Corporation Name

OFFSHORE LONGLINERS, INC.

Principal Place of Business

5307 DEER RUN DR
FT PIERCE FL 34951
US

Mailing Address

5307 DEER RUN DR
FT PIERCE FL 34951
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/13/1988

4. FEI Number

65-0085493

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

2a. Mailing Address

21 Suite, Apt. #, etc

26 Suite, Apt. #, etc

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

REGINA C DUNN
5307 DEER RUN DR
FT PIERCE FL 34951

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DV ☐ DELETE
NAME DUNN, REGINA
STREET ADDRESS 5307 DEER RUN DR
CITY-ST-ZIP FT. PIERCE FL

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

N/A

☐ Change ☐ Addition

TITLE DP ☐ DELETE
NAME DUNN, THOMAS BAKER
STREET ADDRESS P.O. BOX 2741 NA
CITY-ST-ZIP FT. PIERCE FL

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

N/A

☐ Change ☐ Addition

TITLE DST ☐ DELETE
NAME DUNN, REGINA
STREET ADDRESS P.O. BOX 2741 NA
CITY-ST-ZIP FT. PIERCE FL

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

N/A

☐ Change ☐ Addition

TITLE ☐ DELETE
NAME N/A
STREET ADDRESS N/A
CITY-ST-ZIP N/A

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

N/A

☐ Change ☐ Addition

TITLE ☐ DELETE
NAME N/A
STREET ADDRESS N/A
CITY-ST-ZIP N/A

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

N/A

☐ Change ☐ Addition

TITLE ☐ DELETE
NAME N/A
STREET ADDRESS N/A
CITY-ST-ZIP N/A

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

N/A

☐ Change ☐ Addition

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: Regina

SIGNATURE REQUIRED

DN

1-19-99

5614640856

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)