Apr 21, 1999 8:00 am Secretary of State

04-21-1999 90120 041 \*\*\*150.00

## 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 # L89147

1. Corporation Name

ABYSS OIL COMPANY

,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,							
Principal Place of Business Mailing Address						,, 5,2,, 6,2,, 6,4,, 6	
1502 S. LENNA	AVE	P.O. BOX 2195			,		
SEFFNER FL 33584 SEFFNER FL 33584						WO OF LOT	
US US				DO NOT WRITE IN THIS SPACE			
					3. Date Incorporated or Qualifed		ĺ
					07/10/1990		
		<del> </del>	ailing Address		4. FEI Number	<u> </u>	plied For
2126				59-3127075		t Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc.		_ m		_5. Certificate of Status Desired	\$8.75 A	I	
22							
City & State		}	City & State		6. Election Campaign Financing	\$5.00	
23			28		Trust Fund Contribution	Added t	o rees
Zip	Country	Zip	Country	1	8. This corporation owes the current year	Intangible  Yes	□No
24	25	29 30	01		Personal Property Tax.		
	9. Name and Address of Cur	rent Registered Agent	81	Maria	10. Name and Address of New Registers	in Agent	
A13//	NDE7 ANNA M		*'	Name			
ALVAREZ, ANNA M.			82	Street Add	dress (P.O. Box Number is Not Acceptable)		}
2413 S LENNA AVE.			<u> </u>				
SEFI	FNER FL 33584		83				
			84	City		85 Zip (	Code
				l	rporation submits this statement for the purpose		ragistared
agent. I a	Signature, typed or printed name of registered		,		ired when reinstating) DATE		
12.		AND DIRECTORS	13.	<del></del>	ADDITIONS/CHANGES TO OFFICERS		
TITLE	DP	☐ DELETE 1.11		Ĭ		Change	Addition
NAME	alvarez, anna n.		1.2 NAME				}
STREET ADDRESS	2413 S LENNA AVE. 1.35		1.3 STREE	TADDRESS	•		<b>[</b>
ÇITY-ST-ZIP	EFFNER FL 140		1.4 CITY-S	T-ZIP			
TITLE	V	DELETE 2.1 TI				Change	☐ Addition (
NAME	GILLIAM, R W		2.2 NAME				ļ
STREET ADDRESS	2413 S LENNA AVE		2.3 STREE	TADDRESS			]
CITY-ST-ZIP			2. 4 CTY-5	ST-ZIP	·	-	
TITLE		☐ DELETE 3.1 T				☐ Change	Addition
NAME	3.2		3.2 NAME				
STREET ADDRESS			3.3 STREE	TADDRESS			
CITY-ST-ZIP			3.4. CITY-5				}
TITLE			4.1 TITLE			Change	Addition
NAME		_	4. 2 NAME	ĺ			l
STREET ADDRESS			1	TADDRESS			
İ	· · · · · · · · · · · · · · · · · · ·		4.4 CITY-S				
CITY-ST-ZIP		☐ DELETE	5.1 TITLE	1-21		☐ Change	Addition
TITLE			5.2 NAME		•		_
NAME		•	I .	TADORESS			]
STREET ADDRESS	•		5.4 CITY-S	- 1			
CITY-ST-ZIP	<u> </u>	DELETE	6.1 TITLE	(-E/F		Change	Addition
TITLE			6.2 NAME				

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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE: \_

STREET ADDRESS

CITY-ST-ZIP

Daytime Phone #