

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

FILED  
Apr 20, 1999 8:00 am  
Secretary of State

04-20-1999 90283 009 \*\*\*150.00

DOCUMENT # P93000023081

1. Corporation Name  
ABSS AUTOMOTIVE, INC.

Principal Place of Business  
500 SOUTH FIRST STREET  
LAKE CITY FL 32055

Mailing Address  
PO BOX 2107  
LAKE CITY FL 32056  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/26/1993

4. FEI Number

59-3173238

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 6704 US 90 west

Suite, Apt. #, etc.

22

City & State

23 Lake City, FL

Zip

24 32055

Country

25 US

2a. Mailing Address

26 P.O. Box 2107

Suite, Apt. #, etc.

27

City & State

28 Lake City, FL

Zip

29 32056

Country

30 US

9. Name and Address of Current Registered Agent

ALLBRITTON, PATRICK C SR  
500 SOUTH FIRST STREET  
LAKE CITY FL 32055

10. Name and Address of New Registered Agent

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

TITLE PDT  
NAME ALBRITTON, PATRICK C SR.  
STREET ADDRESS ROUTE 7, BOX 52-6 N/A  
CITY-ST-ZIP LIVE OAK FL

TITLE VD  
NAME SUMMERS, W L  
STREET ADDRESS POST OFFICE BOX 2817 N/A  
CITY-ST-ZIP LAKE CITY FL

TITLE SVD  
NAME SUMMERS, GORDON P JR  
STREET ADDRESS POST OFFICE BOX 2107 N/A  
CITY-ST-ZIP LAKE CITY FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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

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

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

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

6.1 TITLE  
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: REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-12-99 904-752-6933

Date

Daytime Phone #

CR2E034 (1/98)

0020095