

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 FEB 13 PM 5:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #
1. Corporation Name

517910

African Bulk Services, Inc

Principal Place of Business Mailing Address

15438 N Florida Ave Ste 202
Tampa, FL 33613

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 12/12/90 3a. Date of Last Report 03/03/94

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

4. FEI Number

59-3040611

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 has liability for intangible tax under S. 199.032,

Florida Statutes

☒

Yes

☐

No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Uiterwyk, Hendrik
One Tampa City Center
Ste 3400
201 N Franklin St
Tampa, FL 33602

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 reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P/D
NAME Bott, Graham
STREET ADDRESS 15438 N Florida Ave Ste 202
CITY-ST-ZIP Tampa, FL 33613

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME 600001407486
1.3 STREET ADDRESS -02/16/95--01021--001
1.4 CITY-ST-ZIP *****200.00 *****200.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME 600001407486
2.3 STREET ADDRESS -02/16/95--01021--002
2.4 CITY-ST-ZIP *****8.75 *****8.75

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Graham Bott, President 1/27/95 (813) 961-0070

TITLE

Signature Number