

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
May 08, 1999 8:00 am
Secretary of State

05-08-1999 90029 013 ***158.75

DOCUMENT # S17910

1. Corporation Name

AFRICAN BULK SERVICES, INC.



Principal Place of Business

Mailing Address

~~15438 NORTH FLORIDA AVE~~
~~SUITE 202~~
~~TAMPA FL 33613~~

~~15438 NORTH FLORIDA AVE~~
~~STE 201~~
~~TAMPA FL 33613~~

14502 N. Dale Mabry Suite 132 US 14502 N. Dale Mabry Hwy
Tampa, FL 33618 Suite 132 Tampa FL 33618

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 14502 N. Dale Mabry Hwy

2a. Mailing Address

26 14502 N. Dale Mabry Hwy

Suite, Apt. #, etc.

22 Suite 132

Suite, Apt. #, etc.

27 Suite 132

City & State

23 Tampa, FL

City & State

28 Tampa, FL

Zip

Country

24 33618-2076

25 USA

Zip

Country

29 33618-2076

30 USA

3. Date Incorporated or Qualified

12/12/1990

4. FEI Number

59-3040611

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☒

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
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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME BOTT, GRAHAM
STREET ADDRESS 15438 N FLORIDA AVE STE 201
CITY-ST-ZIP TAMPA FL 33613

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS 14502 N. Dale Mabry Hwy Suite 132
1.4 CITY-ST-ZIP Tampa, FL 33618-2076

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 30, 1999

(813)961-0070

Date

Daytime Phone #

CR2E034 (11/98)