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PROFIT CORPORATION ANNUAL REPORT **1997**



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 499424

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F&F LUBE SERVICE, INC.

FILED
Apr 22 1997 8:00am
Secretary of State



Principal Place of Business 3810 E. 8TH AVE. TAMPA FL 33605 US			Mailing Address 5013 SUWANEE AVENUE TAMPA FL 33603-2125			THE REAL PROPERTY OF THE PARTY				
u\$					0		3. Date Incorporated or Qualified 03/19/1976		e of Last R 3/1996	eport
7	Place of Business		Mailing Address	of	7	A.	4. FEt Number 59-1654595	·		oplied For
21 Suite, Apt	#. etc.	26	Suite, Apt. #, etc.	0		Jue			\$8.75	ot Applicable Additional
22		27					5. Certificate of Status Desired		Fee Re	
City & Stat	te		Gity & State	E1			6. Election Campaign Financing		\$5.00	May Be
23	T Country	28	1 Ampa,	J 1	· · · · ·		Trust Fund Contribution	<u> Ц</u>	Added t	
Zip 24	Country 25	29	33605	30	untry	S	8. This corporation has liability for in Florida Statutes		ax under s.] No	. 199.032,
*	9. Name and Address of Curre	124		1001	T		10. Name and Address of New Reg			
CAR	RVER, FREDDIE A.				81	Name				
10222 VALLE DR.					82	Street Addre	ess (P.O. Box Number is Not Acceptable	e)		***************************************
TAM	IPA FL 33612						,			
					83					
	1				84	City		FL	85 Zip (Code
11. Pursuant office or agent. La	X 1911						oration submits this statement for the pu ion's board of directors. I hereby accept	4	changing it interent as	s registered registered
12.	Segnature: tylk d or printed name of registered ag OFFICERS AN			OTE: Register		nt signature require	ed when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE FRS AND	DIRECTOR	S IN 12
TITLE	ST	VO DITIEC	DELETE	1.1]			ADDITIONS/OFFANGES TO OFFICE		Change	Additio
NAME	CARVER, EDITH F		•	1.21	NAME				-	
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11111	PD CARVED FOCUSE A		☐ DELETE	1	TITLE			i	Change	Additio
NAME	CARVER, FREDDIE A 10122 VALLE DR			1	NAME					
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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 composition 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 purised, or on an attachment with an address.

SIGNATURE: Y

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #