## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L07879

(4)

Mailing Address

10 MINUTE OIL CHANGE, INC.

FILED Feb 03 1997 8:00am Secretary of State



	DDOCK SUS AVENUE SUITE 312 H FL 33401-5525		% PAUL M. PADDOCK 105 S NARCISSUS AVENUE SUITE 312 W PALM BEACH FL 33401-5525				Date Incorporated or Qualified 08/08/1989		ite of Lasi <b>06/199</b> (		
<b>6</b> Discoult	ace of Business	100 Malling Addison						(0)			
	ace of Business	<del></del>	2a. Mailing Address			4.	NOT APPLICABLE		<del></del> -	Applied For	
Suite, Apt.	# ato	26 Suite, Apt. #, etc.					NOI AFFLICABLE			Not Applicable	
22		27	27			6.	Certificate of Status Desired		\$8.75 Additional Fee Required		
City & State 23		City & State	28			6.	Election Campaign Financing     Trust Fund Contribution     Added to Fees				
Zip <b>24</b>	Country 25	Z <sub>I</sub> p Count 29 30			Florida Statutes Yes V No						
	9. Name and Address of Curr	ent Registered Agent				10.	Name and Address of New Re	glatered /	Agent		
	DOCK, PAUL M.			81	Name						
105 S NARCISSUS AVENUE  ' SUITE 312				82	Street A	ddress (f	P.O. Box Number is Not Acceptab	le)	· · · · · · · · · · · · · · · · · · ·		
	ALM BEACH FL			83			· · · · · · · · · · · · · · · · · · ·				
3				84	City			FL	<b>85</b> Z	p Code	
agent I a	o the provisions of Sections 607.0 egistored agent, or both, in the Sta in familiar with, and accept the objection, typical or printed name of registered	ligations of, Section 607.0505, F	s authorized Forida Stat	lutes				the app	ointment	as registered	
12.		AND DIRECTORS	13.		·····		ADDITIONS/CHANGES TO OFFIC	ERS AND	DIRECTO	ORS IN 12	
TITLE	PST	☐ DELETE	1.1 11	TLE	1			······································	Chang	e 🔲 Addition	
NAME	PADDOCK, PAUL M.		1.2 N/	AME	· 1						
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NAME			6.2 N				-02/04/97010	240	25		
STREET ADDRESS					ADDRESS		***165.00				
CITY-ST-7P			64 C	ITY-5	T-ZIP						

14. I do 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 peport is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the corporation or the reserver 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.

SIGNATURE:

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFF

IGNING OFFICER OR DIRECTOR

/-10-97

Daytime Phone #