## 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** 

## DOCUMENT # P98000101698

LUBE - N - GO OF GROVE CITY, INC.

## FILED Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90262 032 \*\*\*150.00



		1 A - 111. A 1 A				
Principal Place	of Business	Mailing Address				
350 PLACIDA RD. 3350 PLACIDA RD.				•		
BROVE CITY FL	34224	GROVE CITY FL 34224				DO NOT WRITE IN THIS SPACE
						3. Date Incorporated or Qualifed
O District Di	and Division of	2n Moiling Address				12/02/1998 4. FEI Number Applied For
Z. Principal Pl	ace of Business	2a. Mailing Address				59-3545735 Not Applicable
21		26				\$8.75 Additional
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	<b>-</b> .		-	5, Certificate of Status Desired Fee Required
22		27 City 9 State			<del></del>	
City & State	•	City & State				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
23[	Countrie	28	Cou	intry		
Zip	Country	Zip		iriu y		8. This corporation owes the current year Intengible  Personal Property Tax  Yes  No
24	25	<del></del>	30	1		T dischart reporty row
	9. Name and Address of Current	Registered Agent		81	Name	10. Name and Address of New Registered Agent
<b>⊻ET</b> ∩!	LI 164 JAMI 6 JAMA D			""	Harris	
KETCHUM, WILLIAM P				82	Street Ac	ddress (P.O. Box Number is Not Acceptable)
3350 PLACIDA RD.						
GRUV	E CITY FL 34224			83		, <sup>*</sup>
	- ~			84	City	85 Zip Code
	٦				•	<b>FL</b> <u>   </u>
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes	s, the a	bove	-named co	orporation submits this statement for the purpose of changing its registered
office or re	egistered agent, or both, in the State of n familiar with, and accept the obligation	Florida, Such change was aut	thonzec	י עס נ	tne corpora	ation's board of directors. I hereby accept the appointment as registered
	in familiar with, and accept the obligate	113 01, 0000011 001.0000, 1 1511	JU 0141			
SIGNATURE	Signature, typed or printed name of registered agent t	and title if applicable. (NOTE: F	Registered	Agent	t signature requ	uired when reinstating) DATE
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE		☐ DELETE	1.1 TI	TLE		President - Change Addition
NAME			1.2 N	AME	11	William Patrick Ketchum
STREET ADDRESS			1.3 5	TREET	ADDRESS	21653 Augusta Av.
				ITY-S1	T. 7IP	Port Charlotte, F1.33952
CITY-ST-ZIP TITLE		DELETE 2.11			-	Change Addition
1		<u>_</u> ,	2.2 N		-	R. Jean Johnson
NAME						21653 Augusta Av.
STREET ADDRESS	يت نيسي پر ديد يا	ے جو پیچیں۔				Port Charlotte: F1: 33952
CITY-ST-ZIP		DELETE	-	TY-S	1-212	S Change Addition
TITLE		TT DETEIL	3.1 ₮		1-	Donald J. Harrington
NAME			3.2 N		- 1	6273 Drucker Circle
STREET ADDRESS			3.3 S	TREET		
CITY-ST-ZIP				TY-S	T-ZIP	Port Charlotte, F1.33981
TITLE		☐ DELETE	4.1 TI	πE	1	Change XAddition
NAME			4.2N	IAME		Otis D. Strickland
STREET ADDRESS			4.3 S	TREET	ADDRESS	251 Lakeview Ln.
CITY-ST-ZIP	$\nu$		4.4 C	ITY-\$1	T-ZIP	Englewood, F1. 34223
TITLE		☐ DELETÉ .	5.1 TI	TLE		☐ Change ☐ Addition
NAME			5.2 N	AME		
STREET ADDRESS			5.3 S	TREET	ADDRESS	
			5.4 C	ITY-SI	T-ZIP	
CITY-ST-ZIP TITLE		☐ DELETE	6.1 T		<del> </del>	☐ Change ☐ Addition
			6.2 N			<b>_</b>
NAME		•			ADDRESS	•
STREET ADDRESS					ŀ	
CITY-ST-ZIP			0.4 U	ITY-S	1-41	

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: :

CR2E034 (1.1/98)