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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

456880

(4)

DOCUMENT # 1. Corporation Name VEHICLE MINIT STOP INC

VELLIE	5 MINIT STOP, 1140.								
Principal Place o	of Business	M	lailing Address				T PERSON WINDS MAINE WINDS SPEED OF		
5616 HIGHWAY 301 NORTH HAWTHORNE FL 32640			P.O. BOX 609 Hawthorne FL 32640						
			US				3. Date Incorporated or Qualified 07/15/1974	3a . D	ate of Last Report 04/19/1995
2. Principal Plac	ce of Business	28 26	Mailing Address				4. FEI Number 59-1561439		Applied For Not Applicable
Suite, Apt. #,	, etc.		Suite, Apt. #, etc.	· • • • • • • • • • • • • • • • • • • •			5. Certificate of Status Desired		\$8.75 Additional Fee Required
City & State		27	City & State			,	6. Election Campaign Financing		\$5.00 May Be Added to Fees
23 Zip	Country	28	<u>Ζ</u> φ	Co	ountry		Trust Fund Contribution 8. This corporation has liability fo	r intangible	e tax under s. 199.032,
24	25	29	<u> </u>	30			Florida Statutes		
	9. Name and Address of Curre	nt Reg	stered Agent			r	10. Name and Address of New	Registeri	eo Agent
					81	1			
HOGUE, FRANKLIN R. 5616 HIGHWAY 301 NORTH				82	Street Ad	ldress (P.O. Box Number is Not Accepta	ess (P.O. Box Number is Not Acceptable)		
	ORNE FL 32640				83	}			
1844111	OFFICE OFFICE				84	City		F	85 Zip Code
SIGNATURE _	so again, or both, if the state of some of h, and accept the obligations of, So: Signature types or product name of reasons (Lap.) OFFICERS A	nt and ste	d across at its			nt signature os p	ADDITIONS/CHANGES TO O	FFICERS /	
12.	P	TALL CONTRA	DELETE.		1 TITLE				Change Addit on
NAME	HOGUE, FRANKLIN R.			ı	2 NAME				
STREET ADDRESS	5616 HIGHWAY 301 NORT	Ή		1	3 STHEE	LADDRESS			
CITY - ST - ZIP	HAWTHORNE FL 32640				4 CiTY-				Change Addition
TITLE	ST		☐ DEFELE		1 THILE				
NAME	HOGUE, EDNA T.	P1 4			2 NAME	LADDRESS			
STHEET ADDRESS	5616 HIGHWAY 301 NORT HAWTHORNE FL 32640	ın.				ST-Z-P			
CITY-ST-ZIP TITLE	HANTHONNE PL 32040		DELETE.		1 TITLE				Change Addition
NAME				3	2 NAME				
STREET ADDRESS				3	3 STAE	ET ADDRESS			
CITY - ST - ZIP						· ST - Z /P			Change Addit on
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CITY-ST-ZIP	<u> </u>				- · - -	· S! - 7IP			Change Addition
TITLE			☐ DELETE	1	6 1 TITE				
NAME					62 NAM 63 STRE	eet address			
1 CENTER ADODCEC	1			.	U 3 C 1 M	CA PROPERTY AND			

64 CFY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualry 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 cath; that I am an officer or director of the corporation or true 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 or an attachment with an address.

PALLE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR SIGNATURE:

4-19-96 352-481-3558

CR2E034 (12/95)