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

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

653097

(6)

SUPER-LUBE, INC.

FILED
May 01 1998 8:00am
Secretary of State

OUI LI	LODE, INO							
Principal Plac	e of Business	Ma	iling Address				T LEGITA OLIGA BISAN SISTE ODESA INST. INDIL ONES OLIGIS BIBIT DIDES OLIGIS DEDIS OLIGIS SODIS	
401 EAST VIRGINIA STREET TALLAHASSEE FL 32301		401 EAST VIRGINIA STREET TALLAHASSEE FL 32301					DO NOT WRITE IN THIS SPACE	
							3. Date Incorporated or Qualified	1
							01/23/1980	l
2. Principal P	lace of Business	2a.	Mailing Address				4. FEI Number Applied For	l
21		26					59-1971228 Not Applicable	
Suite, Apt.	#, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired S8.75 Additional	l
22		27					Fee Required	l
City & State	9	├ ¬	City & State				6. Election Campaign Financing \$5.00 May Be	
23 Zip	Country	28	Zip	Cou	untry		Trust Fund Contribution	
24	25	29	Σ ιμ	30	ai iti y		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No	ĺ
	9. Name and Address of Currer		ered Agent	30	T		10. Name and Address of New Registered Agent	l
LF	WIS, JOHN R				81	Name		l
	O LUPER-LUBE, INC.				82	Chrond	et Address (P.O. Box Number is Not Acceptable)	ĺ
	1 E. VIRGINIA STREET				02	Street	el Address (P.O. Box Mumber is Not Acceptable)	l
TA	LLAHASSEE FL 32301				63			
					84	City	85 Zip Code	l
					64	City	FL 85 Zip Code	ı
11. Pursuant office or r agent. I a	to the provisions of Sections 607.050 egistered agent, or both, in the State in familiar with, and accept the oblig	2 and 60 of Florid ations of	07.1508, Florida Statuti la. Such change was a , Section 607,05 <mark>05,</mark> Flo	es, the a authorize orida Sta	bove d by tutes	e-named the corp s.	ed corporation submits this statement for the purpose of changing its registered corporation's board of directors. I hereby accept the appointment as registered	
SIGNATURE	Signature typed or printed name of registrated agr	ert and title	d posticable (NOT	C. Popietace	d Ago	nt tianat re	sture required when reinstating) OATE	١.
12.	OFFICERS AN		· · · · · · · · · · · · · · · · · · ·	13.	ro Age	in signature	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	Ş
TITLE	P		DELETE	1.5 T	ITLE		☐ Change ☐ Addition	Š
NAME	LEWIS, JOHN R			1.2 N	AME			2
STREET ADDRESS	4501 ROCKBRIDGE HOLLOV	V		1.3 \$	TREET	ADDRESS	is	č
CITY-ST-ZIP	TALLAHASSEE, FL 00000			1.4 0	ITY-S	T-ZIP		8
TITLE	VST		DELETE	2.17	ITLE		Change Addition	(
NAME	BERHRMAN, DOUGLAS N			2.2 N	AME	i		1
STREET ADDRESS	2191 MILLERS LANDING RD					ADDRESS	i i	ı
CITY-ST-ZIP	TALLAHASSEE, FL 00000		Driege	_	HTY-S	T-ZIP		
TITLE			☐ DELETE	3.1 T			Change Addition	1
NAME CTOCCT ADDOCCC				3.2 N		ADDRESS		1
STREET ADDRESS				i i		ADDRESS	8	ı
CITY-ST-ZIP TITLE			DELETE	4.1 T	ITY-S	11 - 2/12	☐ Change ☐ Addilion	l
NAME				4.21		- 1		ı
STREET ADDRESS						address	25	ı
CITY-ST-ZIP					ITY - S1	I		
TITLE			☐ DELETE	5.1 Tr			Change Addition	
NAME				5.2 N	AME			ı
STREET ADDRESS				5.3 S	TREET.	ADDRESS	ss	1
CITY-ST-ZIP				5.4 C	ITY-S	T-ZIP		
TITLE			DELETE	6 1 TI	TLE		☐ Change ☐ Addition	ı
NAME				6.2 N	AME			ı
STREET ADDRESS				6.3 S	TREET	address	s	
CITY-ST-ZIP				6.4 C	fTY-S1	T-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 of the