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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

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Jan 27, 1999 8:00am

Secretary of State

01-27-1999 90049 004 ***150.00

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F60904

AMERICAN LUBE CENTER, INC.

	N LUBE CENTER, INC.			· 			
Principal Place	of Business	Mailing Address		•			
% JAMES P. HA		% JAMES P. HARRELL					
171 WEST STATE RD 434		171 WEST STATE RD 434		DO NOT WRITE IN THIS SPACE			
LONGWOOD FL 32750		LONGWOOD FL 32750		3. Date Incorporated or Qualifed			
		•			•		
					12/31/1981	Appl	ied For
2. Principal Pla	ace of Business	2a. Mailing Address			4. FEI Number	<u> </u>	Applicable
21		26			59-2163338	\$8.75 Ad	
Suite, Apt. #	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired	Fee Req	
22		27					
City & State		City & State			6. Election Campaign Financing	\$5.00 M Added to	
23		28			Trust Fund Contribution		
Zip Country		Zip	`		8. This corporation owes the current year Intangible		
24	25	29	30		Personal Property Tax.		15140
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Register	ed Agent	
				81 Name			
HARRELL, JAMES P.				82 Street Add	Address (P.O. Box Number is Not Acceptable)		
171 S.R. 434					49 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	* \$1500 \$150 \$ 0 0 500 miles 100 \$100 \$100 \$100 \$100 \$100 \$100 \$100	8 6 7
LON	GWOOD FL 32750			83			
		•		84 City		85 Zip Ci	ode
office or n agent. I a	egistered agent, or both, in the State of m familiar with, and accept the obligat	tions of, Section 607.0505,	Florida Stat	utes.	rporation submits this statement for the purposition's board of directors. I hereby accept the application of the purposition's board of directors. I hereby accept the application of the purposition of t		
	Signature, typed or printed name of registered agen OFFICERS AN		13.	rigoni signamo i i i	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTOR	C IN 12
12.							13 114 12
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'	HARRELL, JAMES P. 239 W. DICE AVE. EUSTIS FL	☐ DELETI	E 1.1 TI 1.2 N 1.3 S 1.4 C	TY-ST-ZIP	ABBITOTO GUILLONG		Addition
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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.

6.4 CITY-ST-ZIP

SIGNATURE: