

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **G43461**

(4)

1. Corporation Name

FLORIDA COAST OILUBE, INC.



Principal Place of Business

Mailing Address

% WALTER A. MAYTON
921 HYPOLUXO RD.
LANTANA FL 33462

% WALTER A. MAYTON
921 HYPOLUXO RD.
LANTANA FL 33462

3. Date Incorporated or Qualified

06/14/1983

3a. Date of Last Report

04/21/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

59-2310111

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MAYTON, WALTER A.
1228 GLENCREST DR.
HEATHROW FL 32746**

81

Name

MAYTON, WALTER A

82

Street Address (P.O. Box Number is Not Acceptable)

5369 SHORELINE CIRCLE

83

84

City

LAKE FOREST

FL

85 Zip Code

32771

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DP	<input type="checkbox"/> DELETE
NAME	MAYTON, WALTER A	
STREET ADDRESS	1228 GLENCREST DR.	
CITY-ST-ZIP	HEATHROW FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	GOEBEL, PETER J.	
STREET ADDRESS	625 ROSAER LANE	
CITY-ST-ZIP	VIRGINIA BEACH FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	SCHMIDT, RODNEY	
STREET ADDRESS	5136 W. ATLANTIC AVE.	
CITY-ST-ZIP	DELRAY BCH FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	ALLEN, WILLIAM	
STREET ADDRESS	P.O. BOX 209 N/A	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	MAYTON, WALTER A.	
1.3 STREET ADDRESS	5369 SHORELINE CIRCLE	
1.4 CITY-ST-ZIP	LAKE FOREST, FL 32771	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	ALLEN, WILLIAM	
4.3 STREET ADDRESS	BOX 48 TURKEY CREEK N/A	
4.4 CITY-ST-ZIP	PLACHTA, FL 32615	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify 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 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.

SIGNATURE:

Walter A. Mayton

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/96

Date

(407) 495-1523

Daytime Phone #

CR2E034 (12/95)