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Apr 24 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # G54967 (6)

1. Corporation Name

TOM MITCHELL'S KWIK LUBE-OIL CHANGE, INC.

Principal Place of Business

4141 TAMiami TRAIL
P.O. BOX 4081
PORT CHARLOTTE FL 33952

Mailing Address

4141 TAMiami TRAIL
P.O. BOX 4081
PORT CHARLOTTE FL 33952-0208

3. Date Incorporated or Qualified
08/19/1983

3a. Date of Last Report
05/01/1996

2. Principal Place of Business

21 4141 TAMiami TRAIL

Suite, Apt. #, etc.

22 delete PO Box

City & State

23 Port CHARLOTTE FL

Zip

24 33952

Country

25

2a. Mailing Address

26 4141 TAMiami TRAIL

Suite, Apt. #, etc.

27 delete PO Box

City & State

28 Port CHARLOTTE FL

Zip

29 33952

Country

30

4. FEI Number

59-2244718

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

MITCHELL, G.H. THOMAS
4141 TAMiami TRAIL
PORT CHARLOTTE FL 33952

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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 fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PTD
NAME MITCHELL, G.H. THOMAS
STREET ADDRESS 4141 TAMiami TRAIL
CITY-ST-ZIP PORT CHARLOTTE FL

☒ DELETE

TITLE VSD
NAME MITCHELL, CYNTHIA RAE
STREET ADDRESS 4141 TAMiami TRAIL
CITY-ST-ZIP PORT CHARLOTTE FL

☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

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CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE President
1.2 NAME CYNTHIA MITCHELL-Pierce
1.3 STREET ADDRESS 4141 TAMiami TRAIL
1.4 CITY-ST-ZIP PORT CHARLOTTE, FL 33952

☒ Change

☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change

☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change

☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change

☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change

☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change

☐ Addition

14. I do 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.

SIGNATURE:

Cyndi Mitchell-Pierce

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0409554

CR2E034 (9/96)