

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

FILED

Apr 22 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 # **G94523** (9)

1. Corporation Name
OILUBE OF FLORIDA, INC.

Principal Place of Business

% **WALTER A. MAYTON**
5136 W. ATLANTIC AVE.
DELRAY BEACH FL 33484

Mailing Address

% **WALTER A. MAYTON**
5136 W. ATLANTIC AVE.
DELRAY BEACH FL 33484-8131



2. Principal Place of Business

21 **5369 SHORELINE CIRCLE**

Suite, Apt. #, etc.

22 City & State

23 **LAKE FOREST, FL**

Zip

24 **32774**

Country

25 **FLORIDA**

2a. Mailing Address

26 **5369 Shoreline Circle**

Suite, Apt. #, etc.

27 City & State

28 **LAKE FOREST, FL**

Zip

29 **32774**

Country

30 **FLORIDA**

3. Date Incorporated or Qualified

04/04/1984

3a. Date of Last Report

05/01/1996

4. FEI Number

59-2423359

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

MAYTON, WALTER A.
5136 W. ATLANTIC AVE.
DELRAY BEACH FL 33484

10. Name and Address of New Registered Agent

81 Name

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

5369 SHORELINE CIRCLE

83

84 City

LAKE FOREST

FL

85 Zip Code

32774

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

Walter A. Mayton **WALTER A. MAYTON**

4/14/97

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 **D** ☐ DELETE
NAME **ALLEN, WILLIAM T., SR.**
STREET ADDRESS **P.O. BOX 209 N/A**
CITY - ST - ZIP **GAINESVILLE FL**

TITLE **D** ☐ DELETE
NAME **GRUPPE, WILLIAM H.**
STREET ADDRESS **2805 W. PURDUE**
CITY - ST - ZIP **MUNCIE IN**

TITLE **DP** ☐ DELETE
NAME **MAYTON, WALTER A.**
STREET ADDRESS **5369 SHORELINE CIRCLE**
CITY - ST - ZIP **LAKE FOREST FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

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

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

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

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

6.1 TITLE ☐ Change ☐ 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 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: *Walter A. Mayton* **WALTER A. MAYTON**

Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/14/97

Daytime Phone #

(407) 320-8078

CR2E034 (9/96)