

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

**PROFIT
CORPORATION
ANNUAL REPORT
1998**



FLORIDA DEPARTMENT OF STATE
Brenda S. Northing
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 13 1998 8:00am
Secretary of State

DOCUMENT # 451225
1. Corporation Name
QWIKY OIL CHANGE, INC.

Principal Place of Business Mailing Address
**28145 S. TAMiami TRAIL
BONITA SPRINGS FL. 34134**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
04/09/1985
4. FEI Number
65-0048380
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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business
21 Suite Apt. #, etc.
22 City & State
23 Zip
24 Country
25 Mailing Address
26 Suite Apt. #, etc.
27 City & State
28 Zip
29 Country
30

9. Name and Address of Current Registered Agent
**DORENE B. SORET
15303 BURNABY DR.
NAPLES FL. 34110**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 FL
86 Zip Code

11. Pursuant to the provisions of Sections 607.0602 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 is required when completing) DATE _____

12. OFFICERS AND DIRECTORS
111 TITLE
112 NAME
113 STREET ADDRESS
114 CITY, ST, ZIP
121 TITLE
122 NAME
123 STREET ADDRESS
124 CITY, ST, ZIP
131 TITLE
132 NAME
133 STREET ADDRESS
134 CITY, ST, ZIP
141 TITLE
142 NAME
143 STREET ADDRESS
144 CITY, ST, ZIP
151 TITLE
152 NAME
153 STREET ADDRESS
154 CITY, ST, ZIP
161 TITLE
162 NAME
163 STREET ADDRESS
164 CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
111 TITLE
112 NAME
113 STREET ADDRESS
114 CITY, ST, ZIP
211 TITLE
212 NAME
213 STREET ADDRESS
214 CITY, ST, ZIP
311 TITLE
312 NAME
313 STREET ADDRESS
314 CITY, ST, ZIP
411 TITLE
412 NAME
413 STREET ADDRESS
414 CITY, ST, ZIP
511 TITLE
512 NAME
513 STREET ADDRESS
514 CITY, ST, ZIP
611 TITLE
612 NAME
613 STREET ADDRESS
614 CITY, ST, ZIP

16. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), Florida Statutes. I further certify that the information submitted in this annual report or supplements, annual report is true and accurate and that my signature shall have the same legal effect as if made under oath. I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 867, Florida Statutes, and that my name appears on Block 12 or Block 13 if changed. I am attaching with an address _____

SIGNATURE: **Dorene B. Soret**
SIGNATURE AND TYPED OR PRINTED NAME OF AGENT, OFFICER OR DIRECTOR
DORENE B. SORET
5-1-98

CR2004 (10/97)