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

PROFIT CORPORATION ANNUAL REPORT

1998

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(1)

PIT STOP OIL CHANGE ETC., INC.

Mailing Address

FILED

May 19 1998 8:00am

Secretary of State

505 E.SLIGH AVE. TAMPA FL 33604		505 E.SLIGH AVE. TAMPA FL 33604						
]						WRITE IN THIS	SPACE	
					3. Date Incorporated or Qua	THING O		
2. Principal P	lace of Business	2a. Mailing Address	· · · · · · · · · · · · · · · · · · ·		08/17/1987 4. FEI Number		- TAr	oplied For
	= SLigh	26 505 656	144 A	e	59-2838080			ot Applicable
Sulte, Apt.	#, etc.	Suite, Apt. #, etc	Suite, Apt. #, etc		(- \$8.75 Addition		
22		27]			5. Certificate of Status Desir	eo Ll	Fee Re	equired
City & State	PA FI	City & State 28 7 A MPA	28 TAMPA FL			6. Election Campaign Financing Trust Fund Contribution		
Zip 24 3360	Country 25 Hillsbough Name and Address of Burre	ore 29 3360Y	30 H///s	bough	B. This corporation owes or Personal Property Tax du Name and Address of N	e June 30. [Yes 🛭	langible No
		au vehistelen Wasiit	81	Name	10. Name and Address of N	ew negistered	Agent	
	RNE, STUART		82					
7441 N. TAMIAMI TRAIL SARASOTA FL 34243				Street	Address (P.O. Box Number is Not Ad	ceptable)		
SAI	WOUTH FL 34243		83					
			84	0:11				~
			84	City		FL	. 85 Zip (Code
11. Pursuant office or r	to the provisions of Sections 607.05 ogistered agent, or both, in the Sta	502 and 607.1508, Florida Statut te of Florida. Such change was	tos, the above authorized by	named the cor	corporation submits this statement for poration's board of directors. I hereby	or the purpose or accept the apr	changing it pointment as	ts registered registered
	m tamiliar with, and accept the obli	gations of, Section 607,0505, Fi	orida Statulei	3.				
SIGNATURE	Signature, typed or printed name of registered a	gent and title if applicable (NOT	Registered Age	nt signature	required when reinstating)	DATE		
12.	OFFICERS A	ND DIRECTORS	13.		ADDITIONS/CHANGES TO	OFFICERS AND		
THTLE	PD	DELETE	1.1 TOLE		PDTS		Change	Addition
NAME	FOLEY, TIMOTHY J.	1	1.2 NAME		Jerraey A Scott 505 & Sligh Ave			
STREET ADDRESS	605 E. SLIGH AVE.	1	1.3 STREET		202 & 21/34 ADE			
CITY-ST-ZIP TITLE	TAMPA FL	DELETE	1.4 DITY-S 2.1 TIBLE	1 - 7IP	TAMPA FI 336	04	Change	Addition
NAME	STD FOLEY, PEGGY P.	Maj Otter	2.2 NAME				L Change	MODITION
STREET ADDRESS	505 E. SLIGH AVE.		2.3 STREET	ADDRESS				
CITY-ST-ZIP	TAMPA FL		2.4 CITY - S					
TITLE		DELETE		.,			Change	Addition
NAME			3.2 NAME					
STREET ADDRESS			3.3 STREET	address				
CITY-ST-ZIP			3.4. CITY-S	T-ZIP				
TITLE		☐ DELETE	4.1 THLE		}		☐ Change	Addition Addition
NAME			4. 2 NAME					
STREET ADDRESS			4.3 STREET					
CFTY-ST-ZIP TITLE		DELETE	4.4 CITY - S 5.1 TITLE	I-ZIP			Change	Addition
NAME		L. Petric	5.2 NAME					
STREET ADDRESS			5.3 STREET	ADDRESS				
CITY-ST-ZIP			5.4 CITY-S					
TITLE		DELETE	6.1 TITLE	-			Change	Addition
NAME			6.2 NAME					
STREET ADDRESS			6.3 STREET	ADDRESS		•		
CITY-ST-ZIP			6.4 CITY-S	T-ZIP				

14. 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 suppliemental 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 trusted 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.

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