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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # K84733

25

SPRING, JAMES D.

90 GUERDON ROAD LAKE CITY FL 32055

LUBE EQUIPMENT, INC.

Principal Place of Business	Mailing Address	
% JAMES D. SPRING 90 GUERDON ROAD LAKE CITY FL 32055	% JAMES D. SPRING 90 GUERDON ROAD LAKE CITY FL 32055	
2. Principal Place of Business	2a. Mailing Address	

Suite, Apt. #, etc. Suite, Apt. #, etc. 27 City & State City & State 28 Country Country Zip

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9. Name and Address of Current Registered Agent

01-26-1999 90016 036 ***150.00

FILED Jan 26, 1999 8:00am **Secretary of State**

	The second secon	
	DO NOT WRITE IN THIS SPA	ACE
	3. Date Incorporated or Qualifed 05/02/1989	
	4. FEI Number	Applied For
	65-0147658	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 the current year Intangi Personal Property Tax.	ble Yes ⊡No
	10. Name and Address of New Registered Age	nt
Name		
Street A	Address (P.O. Box Number is Not Acceptable)	
City	FL 8	5 Zip Code
named he corpo	corporation submits this statement for the purpose of cha pration's board of directors. I hereby accept the appointment	nging its registered ent as registered
signature n	equired when reinstating) DATE	
	ADDITIONS/CHANGES TO OFFICERS AND D	Change Addition
] Citalige Addition
ADDRESS		
-ZIP		7.05

Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-nar office or registered agent, or both, in the State of Florida. Such change was authorized by the cagent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

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SIGNATURE [NOTE: Registered Agent signature required when reinstating] DATE					
	Signature, typed or printed name of registered agent and title if applicable (NOTE: Re OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
12.	□ perere	1.1 TITLE	☐ Change ☐ Addition		
TITLE	<u> </u>	1.2 NAME	•		
NAME	SPRING, JAMES D.				
STREET ADDRESS	90 GUERDON RD	1.3 STREET ADDRESS			
CITY-ST-ZIP	LAKE CITY FL	1.4 CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE .	DELETE	2.1 TITLE	- Contract of the contract of		
NAME		2.2 NAME			
STREET ADDRESS	,	2.3 STREET ADDRESS			
	· · ·	2.4 CITY-ST-ZIP			
CITY-ST-ZIP TITLE	DELETE	3.1 TITLE	☐ Change ☐ Addition		
, *·		3.2 NAME			
NAME	trend that	3.3 STREET ADDRESS			
STREET ADORESS					
CITY-ST-ZIP	☐ DELETE	3.4. CITY-ST-ZIP	Change Addition		
TITLE	∫ DETEIG				
NAME	·	4, 2 NAME			
STREET ADDRESS		4.3 STREET ADDRESS			
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Change ☐ Addition		
TITLE	DELETE	5.1 TITLE	Change Addition		
NAME '	,	5.2 NAME	-		
		5.3 STREET ADDRESS	•		
STREET ADDRESS		5.4 CITY-ST-ZIP	·		
CITY-ST-ZIP	DELETE	6.1 TITLE	Change Addition		
TITLE	Li becció	6.2 NAME			
NAME .		6.3 STREET ADDRESS			
STREET ADDRESS		1			
CITY-ST-ZIP	_	6.4 CITY-ST-ZIP	State of the section that the information		

14. I 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 informatio 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, with all other like empowered.