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CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAY 25 PM 12:15

DOCUMENT # **L03198** (3)

1. Corporation Name

GREASE BUSTERS, INC.

Principal Place of Business

Mailing Address

P.O. BOX 14011
SARASOTA FL 34278

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SARASOTA FL 34278

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

07/17/1989

3a. Date of Last Report

10/27/1994

4. FEI Number

65-0253491

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

2. Principal Place of Business

21 P.O. BOX 14022

2a. Mailing Address

26 Suite, Apt. #, etc.

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 City & State

SARASOTA FLA

28 City & State

SARASOTA FLA

24 Zip

34278

25 Country

SARASOTA

29 Zip

34278

30 Country

USA

9. Name and Address of Current Registered Agent

JACKSON, JAMES
3631 WHITE SULPHUR PLACE
SARASOTA FL 34240

10. Name and Address of New Registered Agent

81 Name

ALFRED D. JOHNSON

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

7840 FRUITVILLE RD

83

84 City

SARASOTA

FL

85 Zip Code

34240

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

ALFRED D. JOHNSON P.V.P.S.T.

(Signature, typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reappointing)

May 23 1995

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

PVS
JACKSON, JIM
3631 WHITE SULPHUR PL
SARASOTA FL

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

JACKSON, JIM
3631 WHITE SULPHUR PL
SARASOTA FL

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

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CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY - ST - ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY - ST - ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY - ST - ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY - ST - ZIP

PVS

ALFRED D. JOHNSON

7840 FRUITVILLE RD

SARASOTA FLA 34240

ALFRED D. JOHNSON

7840 FRUITVILLE RD

SARASOTA FLA 34240

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

ALFRED D. JOHNSON

(Signature and typed or printed name of signing officer or director)

May 22 1995

366-6034

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