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

PROFIT CORPORATION ANNUAL REPORT

1997

Principa' Place of Business



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # L04554

(6)

Mailing Address

FAST LUBE OF OCALA, INC.

FILED
Jan 27 1997 8:00am
Secretary of State

Date Incorporated or Qualified	3a. Date of Last Report

2425 SE 58TH OCALA FL 344 US		2425 SE 58TH AVE. OCALA FL 34471-6449 US								
-						3. Date Incorporated or Qualified 07/24/1989	3a. Dat 03/1	e of Last 1/1996	Report	
	ace of Business	2a. Mailing Address	.,,			4. FEI Number	· <del>· · · · · · · · · · · · · · · · · · ·</del>	L A	pplied For	
21	PERIA: N. de la calacte de	26				59-2960423			lot Applicable	
Suite, Apt	#, etc	Suite, Apt. #, etc.				5. Certificate of Status Desired			Additional Required	
City & State 23		City & State				Election Campaign Financing     Trust Fund Contribution			) May Be I to Fees	
Zip <b>24</b>	Country 25	Zip <b>29</b>	30 Coun	try		8. This corporation has liability for in Florida Statutes		ax under No	s. 199.032,	
	g, Name and Address of Curr	ent Registered Agent				10. Name and Address of New Re	gistered A	gent		
	inson, ethel e.		18	B1 1	Name					
3214 SE 39 AVE OCALA FL 32671					Street Addre	ress (P.O. Box Number is Not Acceptable)				
			[8	83	<del></del>					
			1	<b>B4</b> (	City			<b>85</b> Zip	Code	
						oration submits this statement for the p	FL			
12.	Sgrusur rapes or protect have of registered OFFICERS A	agent and title if apolicable. (N NND DIRECTORS DELETE	13.		signature require	d when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE CERS AND	DIRECTO		
THILE	HECK, WILLIAM J.	L_J DELETE	1.1 TUTL 1.2 NAA		j		•	Change	L. Addition	
NAME STREET ADORESS	4505 NE 3RD ST.		1		DDRESS					
CITY-ST-ZIP	OCALA FL		1.4 CITY							
TULE	T	DELETE	2.1 TITL		<u></u>			Change	Addition	
NAME	JOHNSON, ETHEL E		2 2 NAM	ME						
STREET ADDRESS	3214 SE 39 AVE	÷	23STR	EET AC	DDRESS					
CITY - ST - ZIP	OCALA FL VP	DELETE	2.4 C/T		- ZIP		·	☐ Change	Addition	
TITLE NAME	JOHNSON, JAMES	בן טנגנונ	3.1 THTL 3.2 NAM					orange	M Vuorigiii	
STREET ADDRESS	3214 SE 39 AVE				DDRESS					
CITY-ST-ZIP	OCALA FL		3.4. CIT							
TITLE	\$	☐ DELETE	4.1 7171					Change	Addition	
NAME	HECK, BETTY		4. 2 NA	ME						
STREET ADDRESS	4505 NE 3RD OCALA FL		1		DDRESS					
CITY - ST - ZIP	OUALA FL	T DELETE	4.4 CIT		ZIP			Change	Addition	
TITLE NAME			5.1 HFU 5.2 NAM					— onange	L. Audition	
STREET ADDRESS					DDRESS					
CITY-ST ZIP			5 4 CiT							
DILE		DELETE	6.1 TITL	_				Change	Addition	
NAMÉ			6 2 NA	ME						
STREET ADDRESS			6.3 STR	REET AC	odress					

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 suppremental 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-21-97

352-624-3903 Daytime Phone #