

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

FILED  
Jan 29, 1999 8:00am  
Secretary of State

01-29-1999 90022 008 \*\*\*150.00

DOCUMENT # L04554

1. Corporation Name

FAST LUBE OF OCALA, INC.

Principal Place of Business

25 SE 58TH AVE.  
OCALA FL 34471

S

Mailing Address

2425 SE 58TH AVE.  
OCALA FL 34471  
US



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/24/1989

4. FEI Number

59-2960423

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 the current year Intangible

Personal Property Tax.

☒ Yes ☐ No

Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

City & State

27 City & State

Zip Country

25

28 Zip Country

29

30

9. Name and Address of Current Registered Agent

JOHNSON, ETHEL E.  
3214 SE 39 AVE  
OCALA FL 32671

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

1. 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2. OFFICERS AND DIRECTORS

1. TITLE ☐ DELETE

ME HECK, WILLIAM J.  
STREET ADDRESS 4505 NE 3RD ST.  
TY-ST-ZIP OCALA FL

2. TITLE ☐ DELETE

ME JOHNSON, ETHEL E  
STREET ADDRESS 3214 SE 39 AVE  
TY-ST-ZIP OCALA FL

3. TITLE ☐ DELETE

ME JOHNSON, JAMES  
STREET ADDRESS 3214 SE 39 AVE  
TY-ST-ZIP OCALA FL

4. TITLE ☐ DELETE

ME HECK, BETTY  
STREET ADDRESS 4505 NE 3RD  
TY-ST-ZIP OCALA FL

5. TITLE ☐ DELETE

ME  
STREET ADDRESS  
TY-ST-ZIP

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 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, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Signature: E. Johnson  
Date: 1-12-99  
Phone: 352-624-3903

CR2E034 (11/98)