

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

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

PROFIT CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

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

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

29. Mailing Address
Suite, Apt. #, etc.
30. City & State
31. Zip
Country

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
85 Zip Code

I, 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

TITLE	P	DELETE
NAME	HECK, WILLIAM J.	
STREET ADDRESS	4505 NE 3RD ST.	
CITY-ST-ZIP	OCALA FL	
TITLE	T	DELETE
NAME	JOHNSON, ETHEL E	
STREET ADDRESS	3214 SE 39 AVE	
CITY-ST-ZIP	OCALA FL	
TITLE	VP	DELETE
NAME	JOHNSON, JAMES	
STREET ADDRESS	3214 SE 39 AVE	
CITY-ST-ZIP	OCALA FL	
TITLE	S	DELETE
NAME	HECK, BETTY	
STREET ADDRESS	4505 NE 3RD	
CITY-ST-ZIP	OCALA FL	
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Change	Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	Change	Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	Change	Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	Change	Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	Change	Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	Change	Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-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: E. Johnson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date: 1-12-99
Daytime Phone #: 352-624-3903

CR2E034 (11/98)