FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1994**

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

94 JUL 12 PM 2:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Corporation Name

S & D LUBE CORPORATION

DOCUMENT # L60477 (1)

Mailing Address
~~2200~~ WEST HIGHWAY 441
~~C/O STEVEN H HUGHES~~
MOUNT DORA FL 32757

Principal Place of Business
~~2200~~ WEST HIGHWAY 441
~~C/O STEVEN H HUGHES~~
MOUNT DORA FL 32757

If above addresses are incorrect in any way, line through incorrect information and enter corrected data.

DO NOT WRITE IN THIS SPACE

2. Mailing Address
21 17500 W. Hwy. 441
Suite, Apt. #, etc.
22
City & State
23
Zip
24
Country
25

2a. Principal Place of Business
26 17500 W. Hwy. 441
Suite, Apt. #, etc.
27
City & State
28
Zip
29
Country
30

3. Date Incorporated or Qualified: 03/22/1990
3a. Date of Last Report: 08/11/1993
4. FEI Number: 59-3009143
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
7. Nonprofit Exempt from $138.75 Supplemental Fee
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes: Yes / No

9. Name and Address of Current Registered Agent

HUGHES DEBORA M
~~2200~~ WEST HIGHWAY 441
MOUNT DORA FL 32757

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83 17500 West Highway 441
84 City
FL
85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508 or Sections 617.0502 and 617.1508, 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 or 617.0503, Florida Statutes.

SIGNATURE _____ DATE _____
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when filed separately)

12. OFFICERS AND DIRECTORS

1.1 TITLE	D
1.2 NAME	HUGHES, DEBORA M.
1.3 STREET ADDRESS	442 E. ROSEWOOD LANE
1.4 CITY-ST-ZIP	TAVARES FL
2.1 TITLE	
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

13. CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	
6.2 NAME	BM
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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)(i), Florida Statutes. I understand the Division of Corporations from any liability of non compliance with Section 119.07(3)(i) in the event that the information supplied is deemed exempt from public access. 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 have fulfilled all obligations concerning unclaimed property imposed by Chapter 717 Florida Statutes. But I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607 or Chapter 617 Florida Statutes; and that my name appears in Block 12 or Block 13 above, or on an attachment with an address.

SIGNATURE: Debra M. Hughes 7-07-94 904-343-8957

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number