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Apr 26, 1999 8:00 am
Secretary of State

04-26-1999 90061 033 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # **P15836**

1. Corporation Name
JIFFY LUBE INTERNATIONAL OF MARYLAND, INC.



Principal Place of Business Mailing Address

700 MILAM STREET P.O. BOX 2967
 700 MILAM STREET 700 MILAM STREET
 HOUSTON TX 77002-2806 HOUSTON TX 77252-2967
 US US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		09/04/1987	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		52-1462657	
City & State		City & State		Applied For	
23		28		Not Applicable	
Zip Country		Zip Country		5. Certificate of Status Desired <input type="checkbox"/>	
24		29		\$8.75 Additional Fee Required	
25		30		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	
				\$5.00 May Be Added to Fees	
				8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				85 Zip Code			
				FL			

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WHEAT, JAMES M.	1.2 NAME	Beahm, Clyde W.
STREET ADDRESS	700 MILAM STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	HOUSTON TX 77002-2806	1.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BASSETT, GREGORY D.	2.2 NAME	
STREET ADDRESS	700 MILAM STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	HOUSTON TX 77002-2806	2.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	3.1 TITLE	VTD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALDERSON II, DAVID P.	3.2 NAME	
STREET ADDRESS	700 MILAM STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	HOUSTON TX 77002-2806	3.4 CITY-ST-ZIP	
TITLE	VS <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CONDIT, LINDA	4.2 NAME	
STREET ADDRESS	700 MILAM STREET	4.3 STREET ADDRESS	
CITY-ST-ZIP	HOUSTON TX 77002-2806	4.4 CITY-ST-ZIP	
TITLE	VC <input type="checkbox"/> DELETE	5.1 TITLE	Postl, James J. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHESEBRO', STEPHEN D	5.2 NAME	
STREET ADDRESS	700 MILAM STREET	5.3 STREET ADDRESS	
CITY-ST-ZIP	HOUSTON TX 77002-2806	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PATE, JAMES L.	6.2 NAME	Beahm, Clyde W.
STREET ADDRESS	700 MILAM STREET	6.3 STREET ADDRESS	
CITY-ST-ZIP	HOUSTON TX	6.4 CITY-ST-ZIP	

14. 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: _____ Assistant Secretary Date: 4/19/99 Daytime Phone #: _____

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