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FILED

Feb 03 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P25745 (1)  
1. Corporation Name  
VALVOLINE INSTANT OIL CHANGE FRANCHISING, INC.



Principal Place of Business

Mailing Address

ATTN: STATE TAX DEPT  
P O BOX 14000  
LEXINGTON KY 40512

ATTN: STATE TAX DEPT  
P O BOX 14000  
LEXINGTON KY 40512-4000

3. Date Incorporated or Qualified

08/22/1989

3a. Date of Last Report

03/12/1996

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number

61-1143350

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 has liability for intangible tax under s. 199.032,  
Florida Statutes

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM  
660 E JEFFERSON ST  
TALLAHASSEE FL 32301

81 Name

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

83

84 City

FL

85 Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☒ DELETE  
NAME DETJEN, LARRY L  
STREET ADDRESS 3499 DABNEY DR  
CITY - ST - ZIP LEXINGTON KY

1.1 TITLE PD ☐ Change ☒ Addition  
1.2 NAME WIPF, Gerald L.  
1.3 STREET ADDRESS 5786 Beechwood Trail S.W.  
1.4 CITY - ST - ZIP Fort Meyers, FL 33919

TITLE V ☐ DELETE  
NAME STILWELL, JOHN A  
STREET ADDRESS 3499 DABNEY DR  
CITY - ST - ZIP LEXINGTON KY 40509

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY - ST - ZIP

TITLE V ☐ DELETE  
NAME DANSBY, JOHN W  
STREET ADDRESS 1000 ASHLAND DR  
CITY - ST - ZIP RUSSELL KY

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY - ST - ZIP

TITLE S ☐ DELETE  
NAME DEATON, MICHAEL F  
STREET ADDRESS 3499 DABNEY DR  
CITY - ST - ZIP LEXINGTON KY

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIP

TITLE V ☐ DELETE  
NAME BIEHL, JOHN C  
STREET ADDRESS 3499 DABNEY DR  
CITY - ST - ZIP LEXINGTON KY

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIP

TITLE AS ☐ DELETE  
NAME WALES, T. CODY  
STREET ADDRESS 2910 THORNHILL DR  
CITY - ST - ZIP FLTWOODS KY

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY - ST - ZIP

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 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.

SIGNATURE: *Charles D. Ellis* REQUIRED Charles D. Ellis 1-24-97 606 357-7484

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)