FILED

Mar 03, 1999 8:00 am

Secretary of State

03-03-1999 90086 049 ***150.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT

1. Corporation Name

VALVOLINE INSTANT OIL CHANGE EDANCHISING INC

VALVOLI	NE INSTANT OIL CHANGE	rhanonioind, ind					
Principal Place of Business Mailing Address					[[[[[]]]]]]] [[]]] [] [inti diáli Bibii alali a	11E41 \$1811 18E1
ATTN: STATE TAX DEPT ATTN: STATE TAX DE P O BOX 14000 P O BOX 14000 LEXINGTON KY 40512 LEXINGTON KY 40512					DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualifed 08/22/1989		l
2. Principal Pla	ace of Business	2a. Mailing Address			4. FEI Number	Apr	plied For
21 26					61-1143350	<u> </u>	t Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 A		
City & State	<u> </u>	City & State			6. Election Campaign Financing	\$5.00	May Re
`		28		Trust Fund Contribution	Added to		
Zip	Country Zip Co		Country		8. This corporation owes the current year		_
24	25 29 30		30		Personal Property Tax.		Mo
Name and Address of Current Registered Agent					10. Name and Address of New Registe	red Agent	
OT CORROLATION CVCTCM			81	Name			1
CT CORPORATION SYSTEM 660 E JEFFERSON ST			82	Street Ad	dress (P.O. Box Number is Not Acceptable)		
TALLAHASSEE FL 32301			83				
						···	
			84	City		FL 85 Zip C	lode
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 Storature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)							
12. OFFICERS AND DIRECTORS			13,	it signature requ	ADDITIONS/CHANGES TO OFFICER		RS IN 12
TITLE	PD	DELETE	1.1 TITLE			☐ Change	Addition
NAME	WIPF, GERALD L.		1.2 NAME	Ì			•
STREET ADDRESS	5786 BEECHWOOD TRAIL SW			ADORESS			
	FORT MEYERS FL		1.4 CITY-S	i			ļ
CITY-ST-ZIP TITLE			2.1 TITLE	1-217		☐ Change	Addition
NAME	non!		22 NAME				_
STREET ADDRESS	3499 BLAZER PARKWAY			ADDRESS			Ì
City-ST-ZIP	EXINGTON KY 40509		2. 4 CITY-5	T- ZIP			
TITLE	V	₩ DELETE 3.1T				☐ Change	Addition
NAME	DANSBY, JOHN W		3.2 NAME	Ì			İ
STREET ADDRESS	1000 ASHLAND DR		3.3 STREET	ADDRESS			l
CITY-ST-ZIP	RUSSELL KY		3.4, CITY-5	T-ZIP			- A 4 4 19 1
TITLE	S	☐ DELETE	4.1 TITLE			Change	☐ Addition
NAME	DEATON, MICHAEL F		4.2 NAME				}
STREET ADDRESS	3499 DABNEY DR		4.3 STREE				
CITY-ST-ZIP	LEXINGTON KY		4.4 CITY-S	T-ZIP		[] Ch	Addition
TITLE	V	☐ DELETE	5.1 TITLE 5.2 NAME			Change	Addition
NAME	BIEHL, JOHN C	ITE, OUTIN O					
STREET ADDRESS	3499 DABNEY DR		5.3 STREE				ļ
CITY-ST-ZIP	LEXINGTON KY		5.4 CITY-S	T-ZiP			

FLTWOODS KY CITY-\$T-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 a) attachment with an appears with all other like empowered.

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

AS

WALES, T. CODY

2910 THORNHILL DR

TITLE

NAME

STREET ADDRESS

Richard A. Jones Marg TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

□ DELETE

2/9/99

Change

Addition