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Apr 26, 1999 8:00 am
Secretary of State

04-26-1999 90061 030 ***150.00



PROFIT CORPORATION
 ANNUAL REPORT
1999

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

DOCUMENT # P38388

1. Corporation Name
AMERICAN OIL CHANGE CORPORATION



Principal Place of Business
**700 MILAM
 HOUSTON TX 77002-2806
 US**

Mailing Address
**P.O. BOX 2967
 HOUSTON TX 77252-2967**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
04/15/1992

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21		26		22-2806458		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing		<input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		Trust Fund Contribution			
23		28		8. This corporation owes the current year Intangible Personal Property Tax.		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Zip		Country		24		25	
29		30					

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM
 1200 SO. PINE ISLAND RD.,
 PLANTATION FL 33324**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	1.3 STREET ADDRESS	
CITY-ST-ZIP	HOUSTON TX 77002-2806	1.4 CITY-ST-ZIP	
TITLE	VC <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCONNELL, THOMAS M.	2.2 NAME	
STREET ADDRESS	700 MILAM	2.3 STREET ADDRESS	
CITY-ST-ZIP	HOUSTON TX 77002-2806	2.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BASSETT, GREGORY D.	3.2 NAME	
STREET ADDRESS	700 MILAM	3.3 STREET ADDRESS	
CITY-ST-ZIP	HOUSTON TX 77002-2806	3.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ENGELMEYER, ALLAN G.	4.2 NAME	Kunke1, David L.
STREET ADDRESS	700 MILAM	4.3 STREET ADDRESS	
CITY-ST-ZIP	HOUSTON TX 77002-2806	4.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	5.1 TITLE	VTD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALDERSON, DAVID P II	5.2 NAME	
STREET ADDRESS	700 MILAM	5.3 STREET ADDRESS	
CITY-ST-ZIP	HOUSTON TX 77002-2806	5.4 CITY-ST-ZIP	
TITLE	VS <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CONDIT, LINDA F.	6.2 NAME	
STREET ADDRESS	700 MILAM	6.3 STREET ADDRESS	
CITY-ST-ZIP	HOUSTON TX 77002-2806	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: JOAN M. McNew Date: 4/19/99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (11/98)