

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Gwendolyn B. Moorhead
Secretary of State
1995-1999

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 17 PM 3:26

DOCUMENT # P93000000639 (3)

1. Corporation Name
ANYWHERE OIL CHANGE, INC.

Principal Place of Business: 1330 DERBYSHIRE CT E204 NAPLES FL 33999
Mailing Address: 1330 DERBYSHIRE CT E204 NAPLES FL 33999

EXPIRES APRIL 30, 1996

2. Principal Place of Business		2a. Mailing Address		3. Date this report is due	3a. Date of Last Report
21		26		01/06/1993	03/17/1994
22 State, Apt. #, etc.		27 State, Apt. #, etc.		4. FIC Number	Applied For / Not Applicable
23 City & State		28 City & State		5. Certificate of Status Desired	\$8.75 Additional Fee Required
24 Zip	25 Country	29 Zip	30 Country	6. Election Campaign Financing / Trust Fund Contribution	\$5.00 May Be Added to Fees
9. Name and Address of Current Registered Agent				7. This corporation has taken the appropriate tax under S. 199.037, Florida Statutes	

MOORE, SCOTT A
1330 DERBYSHIRE CT
#E204
NAPLES FL 33999

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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

12. OFFICERS AND DIRECTORS		13. ADDITIONS CHANGE TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOORE, SCOTT A	1.2 NAME	
STREET ADDRESS	1330 DERBYSHIRE CT., #E204	1.3 STREET ADDRESS	
CITY, ST, ZIP	NAPLES FL	1.4 CITY, ST, ZIP	
TITLE	VP	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LUNDQUIST, CARL M	2.2 NAME	
STREET ADDRESS	14100 TAMiami TRAIL, E., #452	2.3 STREET ADDRESS	
CITY, ST, ZIP	NAPLES FL	2.4 CITY, ST, ZIP	
TITLE	T	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOORE, SCOTT A	3.2 NAME	
STREET ADDRESS	1330 DERBYSHIRE CT., #E204	3.3 STREET ADDRESS	
CITY, ST, ZIP	NAPLES FL	3.4 CITY, ST, ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY, ST, ZIP		4.4 CITY, ST, ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY, ST, ZIP		5.4 CITY, ST, ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY, ST, ZIP		6.4 CITY, ST, ZIP	

14. The filer hereby certifies that the information supplied with this filing is voluntarily furnished and is true and accurate and equally for the exemption stated in Section 199.037, Florida Statutes. I further certify that the information included on this annual report or supplemental annual report is true and accurate and that my signature shall be on the same as provided by the filer. I am a resident of the State of Florida and am duly qualified to execute this report as required by Chapter 199, Florida Statutes, and that my name appears on Block 12 or Block 13 attached hereto or on an attachment with an address.

SIGNATURE: *S. A. Moore* S. A. MOORE 2/3/95 352-1003