

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

|  |   |  |
|--|---|--|
| PROFIT<br>CORPORATION<br>ANNUAL REPORT<br><b>1997</b>                        |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Motham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
| <b>DOCUMENT # P93000086281 (1)</b>   |   |  |
| 1. Corporation Name<br><b>BEST TIME OIL CHANGE, INC.</b>                     |   |  |
| Principal Place of Business<br><b>3010 DEL PRADO BLVD.<br/>CAPE CORAL FL</b> |   |  |
| Mailing Address<br><b>3010 DEL PRADO BLVD.<br/>CAPE CORAL FL 33904-7212</b>  |   |  |

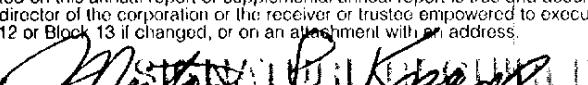
|  |                           |           |               |
|--|---------------------------|-----------|---------------|
| 2. Principal Place of Business<br><b>21</b><br>Suite, Apt. #, etc. | 26<br>Suite, Apt. #, etc. |           |               |
| 22<br>City & State   | 27<br>City & State        |           |               |
| 23<br>Zip  | 25<br>Country             | 28<br>Zip | 30<br>Country |

|   |  |  |
|---|--|--|
| 9. Name and Address of Current Registered Agent<br><b>KNAPP, HAROLD F<br/>809 SW 38TH ST.<br/>CAPE CORAL FL 33914</b> |  | 81<br>Name   |
|   |  | 82<br>Street Address (P.O. Box Number is Not Acceptable) |
|   |  | 83   |
|   |  | 84<br>City   |

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 re-registering) | DATE  |
| 12. OFFICERS AND DIRECTORS                     |   | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12                        |   |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DP<br>KNAPP, HAROLD F<br>809 SW 38TH ST.<br>CAPE CORAL FL 33914       | <input type="checkbox"/> DELETE  | 1.1 TITLE<br>1.2 NAME<br>1.3 STREET ADDRESS<br>1.4 CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DV<br>KNAPP, MERTON L<br>1431 SW 57TH TERRACE<br>CAPE CORAL FL 33914  | <input type="checkbox"/> DELETE  | 2.1 TITLE<br>2.2 NAME<br>2.3 STREET ADDRESS<br>2.4 CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DST<br>KNAPP, BETTYN G<br>1431 SW 57TH TERRACE<br>CAPE CORAL FL 33914 | <input type="checkbox"/> DELETE  | 3.1 TITLE<br>3.2 NAME<br>3.3 STREET ADDRESS<br>3.4 CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> DELETE  | 4.1 TITLE<br>4.2 NAME<br>4.3 STREET ADDRESS<br>4.4 CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> DELETE  | 5.1 TITLE<br>5.2 NAME<br>5.3 STREET ADDRESS<br>5.4 CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> DELETE  | 6.1 TITLE<br>6.2 NAME<br>6.3 STREET ADDRESS<br>6.4 CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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 

FILED  
May 20 1997 8:00am  
Secretary of State



CR2E034 (9/96)

5-15-87