FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P94000015507 (4)**

1. Corporation Name
SOUTHEAST EXPRESS LUBE, INC.

Principal Place of Business
9551 BAYMEADOWS RD.
SUITE 5
JACKSONVILLE FL 32256

Mailing Address
9551 BAYMEADOWS RD.
SUITE 5
JACKSONVILLE FL 32256

3. Date Incorporated or Qualified **02/25/1994**

3a. Date of Last Report **04/04/1995**

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 County 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 County 30

4. FEI Number **59-3237291** ☐ 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

SMITH HULSEY & BUSEY
1800 1ST UNION NATIONAL BANK TOWER
225 WATER ST.
JACKSONVILLE FL 32202

10. Name and Address of New Registered Agent

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 or 1607.1508, 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 _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	☐ DELETE	11 TITLE	☐ Change ☐ Addition
NAME	SCHWIND, WILLIAM G		12 NAME	
STREET ADDRESS	9551 BAY MEADOWS RD #5		13 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL		14 CITY ST ZIP	
TITLE	VP	☐ DELETE	21 TITLE	☐ Change ☐ Addition
NAME	ST. CLAIR, DAVID A		22 NAME	
STREET ADDRESS	8200 WALLINGFORD HILLS LN		23 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL		24 CITY ST ZIP	
TITLE	VP	☐ DELETE	31 TITLE	☐ Change ☐ Addition
NAME	STOKES, E C JR		32 NAME	
STREET ADDRESS	132 TEAL POINT LANE		33 STREET ADDRESS	
CITY-ST-ZIP	PONTE VEDRA BCH FL		34 CITY ST ZIP	
TITLE	VP	☐ DELETE	41 TITLE	☐ Change ☐ Addition
NAME	STOWELL, JAMES G		42 NAME	
STREET ADDRESS	5180 SIESTA DEL RIO DR		43 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL		44 CITY ST ZIP	
TITLE	S	☐ DELETE	51 TITLE	☐ Change ☐ Addition
NAME	BERGMANN, THOMAS C		52 NAME	
STREET ADDRESS	24603 DEERTRACE DR		53 STREET ADDRESS	
CITY-ST-ZIP	PONTE VERDA FL		54 CITY ST ZIP	
TITLE		☐ DELETE	61 TITLE	☐ Change ☐ Addition
NAME			62 NAME	
STREET ADDRESS			63 STREET ADDRESS	
CITY-ST-ZIP			64 CITY ST ZIP	

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 added above or on an attachment with an address.

SIGNATURE: James C. Stowell JAMES C. STOWELL 3-2696 904 737-0603
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Phone #