FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

APPROVED AND FILED

95 MAR -7 AM 9:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000031591 (8)

1. FLEET LUBE U.S.A., INC.

Principal Place of Business: 29540 STATE RD. 46, SORRENTO FL 32776

Mailing Address: 29540 STATE RD. 46, SORRENTO FL 32776

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/25/1994

3a. Date of Last Report:

4. FEI Number: 54-3237601 — 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

2. Principal Place of Business — 2a. Mailing Address

21 | 26 Suite, Apt. #, etc. — 22 | 27 City & State — 23 | 28 Zip — 24 | 25 Country — 29 | 30 Country

9. Name and Address of Current Registered Agent

FIELDS, MARKUS W
29540 STATE RD. 46
SORRENTO FL 32776

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 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 ______

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PRESIDENT	11 TITLE	☐ Change ☐ Addition
NAME	MARKUS W FIELDS	12 NAME	
STREET ADDRESS	29540 ST. Rd. 46	13 STREET ADDRESS	
CITY-ST-ZIP	SORRENTO FL 32776	14 CITY-ST-ZIP	
TITLE	VP/SECRETARY	21 TITLE	☐ Change ☐ Addition
NAME	DIANE FIELDS	22 NAME	
STREET ADDRESS	29540 ST Rd 46	23 STREET ADDRESS	
CITY-ST-ZIP	SORRENTO FL 32776	24 CITY-ST-ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

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 report or supplemental 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: Markus W Fields — 2-13-95 — 407-699-5110

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
MARKUS W. FIELDS, PRES.

0051165 CP