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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

Apr 24 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P94000065404 (3)**

SOUTH LUBES, INC.

Principal Plac 1890 KINGSLE SUITE 104 ORANGE PARK	Address GSLEY AVENUE 4 PARK FL 32073-4455										
								3. Date Incorporated or Qualified 09/06/1994		ate of Last F /10/1996	Report
	lace of Business	1	ng Address					4. FEI Number			pplied For
21 Suite, Apt.	# etc	26 Suite	Suite, Apt. #. etc.					59-3282425			ot Applicable Additional
22	, vio.		27					5. Certificate of Status Desired			Additional lequired
City & Stat	e		City & State					6. Election Campaign Financing		\$5.00	May Be
23		28					·	Trust Fund Contribution			to Fees
∠ip	Country	Zip		h	untry	•		8. This corporation has liability for i			s. 199.032,
24	25 25 Name and Address of Curren	29	A = mt	30	1—			Florida Statutes L 10. Name and Address of New Reg	Yes		
4 81 85		i negistereu	Agent		81	Nam		10. Name and Address of New Re	distered	Agent	
	ITLEY, LOUIS L O KINGSLEY AVENUE				82	<u> </u>					
	TE 104					Stree	et Addre	ss (P.O. Box Number is Not Acceptab	le)		
	INGE PARK FL 32073				83						
,,,,					84						Ondo
					04	City			FL.	85 Zip	Code
11. Pursuant office or r agent. I a	to the provisions of Sections 607.050 registered agent, or both, in the State im familiar with, and accept the obligations.	2 and 607.150 of Florida. Su ations of, Sect	08, Florida Statu ich change was tion 607.0505, Fl	tes, the a authorize lorida Sta	bove d by tutes	e-name the cost.	ed corpo orporatio	ration submits this statement for the p n's board of directors. I hereby accep	urpose o I the app	if changing i pointment as	ts registered registered
SIGNATURE	Stonature, typed or purified name of registered age	at word file of Sample	(MC)	Tf. Charleton	d Ann		uro en o visas	wher reinstaling)	DATE		
12,	OFFICERS AND			13.		THE BIGHT OF	are requiree	ADDITIONS/CHANGES TO OFFIC		D DIRECTO	RS IN 12
TITLE	PD		DELETE	1.1 7						Change	Addition
NAME	HUNTLEY, LOUIS L			1.2 N	AMÉ						ĺ
STREET ADDRESS	1890 KINGSLEY AVENUE, SUI	TE 104		1.3 S	TREET	ADDRES	ŝ				
CITY-ST-ZIP	ORANGE PARK FL 32073				11Y-S	1 - ZIP					
TITLE	VSTD		☐ DELÉTE	2.1]			Ì			L_] Change	Addition
NAME	HUNTLEY, L. WARD 1890 KINGSLEY AVENUE, SUI	TE 104		2.2 N							
STREET ADDRESS	ORANGE PARK FL 32073	IE 104				ADDRES	5				
CITY-ST-ZIP TITLE	ONATOL PARK PL 32073		DELETE	3.1 T		31 - 7IP				Change	Addition
NAME				3.2 N					•	Onlingt	
STREET ADDRESS		•				ADDRES	s				
CITY-ST-ZIP						ST - ZIP					
TITLE		·	DELETE	4.1 7	. —					Change	Addition
NAME				4.21	NAME						
STREET ADDRESS				4.3 \$	TREET	ADDRES	3				
CITY-ST-ZIP				4.4 €	ITY-S	T-ZIP	 _				
TITLE			DELETE	511						∟ Change	Addition
NAME	r			52 N							
STREET ADDRESS	1			1		ADDRES:	3				
CITY-ST-ZIP TITLE			DELETE	5.4 C 6.1 T	ITY-S	1 - ZIP				☐ Change	☐ Addition
NAME			LJ MILIE	6.2 N						Change	ADDITION
STREET ADORESS		. ··				ADDRES!					
CITY-ST-ZIP					11Y-S						

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 reger 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 of on an attachment with an address.

CICMATURE

und f/2