PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9400065404 1. Corporation Name

SOUTH LUBES, INC.

1 Hitchpart doo of Business	
1890 KINGSLEY AVENUE	
SUITE 104	
ORANGE PARK FL 32073	

Principal Place of Business

Mailing Address

Apr 25, 1999 8:00 am Secretary of State

04-25-1999 90007 006 ***300.00



1890 KINGSLEY SUITE 104 ORANGE PARK		1890 KINGSLEY AVENUE SUITE 104 ORANGE PARK FL 32073				DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 09/06/1994		
2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number Applied For		
21		26				59-3282425 Not Applicable		
Suite, Act.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired \$8.75 A additional		
22		27				Fee Required		
City & State	9	City & State				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees		
23	Cour try	Zip	Counti	D/				
Zip	25	29 3	_	ı y		8. This corporation owes the current year intangible Persor at Property Tax. ☐ Yes ☐ No		
24	9. Name and Address of Current		<u></u>			10. Name and Address of New Registered Agent		
			8	1 N	ame	3		
ļ.	TLEY, LOUIS L		8	2 S	treet 4	t Ac dress (P.O. Box Number is Not Acceptable)		
	KINGSLEY AVENUE			- "	11000	TAX diess (i .e. box Hallion in the Act		
	E 104		8	3				
ORAI	NGE PARK FL 32073		8	4 C	ity	85 Zip Code		
Į				l	•	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 circutors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.								
SIGNATURE		ANOT : D				e required when reinslating) DATE		
<u> </u>	Signature, typed or printed na ne of registered agent OFFICERS ANI		13.	jeni sig	u9/mia is	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOF'S IN 12		
TITLE	CDS	□ DELETE	1,1 TITLE	:	$\neg \neg$	Change Addition		
I NAME	HUNTLEY, LOUIS L		1,2 NAME	<u> </u>	ŀ			
STREET ADDRESS	1890 KINGSLEY AVE, SUITE 10	4	1,3 STRE	ET ADD	DRESS	S		
CITY-ST-ZIP	ORANGE PARK FL 32073		1,4 CITY-	-ST-ZIF	,			
TITLE	PD	☐ DELETE	2.1 TITLE			☐ Change ☐ Addition		
NAME	HUNTLEY, L. W		2,2 NAME	=				
STREET ADDRESS	1890 KINGSLEY AVE, SUITE 10	4	2.3 STRE	ET ADI	ORESS	s		
CITY-ST-ZIP	ORANGE PARK FL 32073		2. 4 CITY	-ST-ZI	P			
TITLE	V	X DELETE	3.1 TITLE			Change Addition		
NAME	PLYLER, DAVID P		3.2 NAME	Ē				
STREET ADDRESS	1890 KINGSLEY AVE, SUITE 10	4	3.3 STRE	ET ADI	DRESS	5		
CITY-ST-ZIP	ORANGE PARK FL 32073		3.4. CITY	-ST-ZI	Р			
TITLE	T	X DELETE	41 TITLE			V/T ☐ Change ▼ Addition		
NAME	SINN, JAMES E		4, 2 NAM	Ε	Ì	Sanders, Dwain D		
STREET ADDRESS	1890 KINGSLEY AVE, SUITE 10	4	4.3 STRE	ET ADI	DRESS	s 1890 Kingsley Ave., Suite 104		
CITY-ST-ZIP	ORANGE PARK FL 32073		4.4 CITY-		,	Orange Park, FL 32073		
TITLE	D	☐ DELETE	51 TITLE			Change Addition		
NAME	GAY, W.W.		5.2 NAME					
STREET ADDRESS	1890 KINGSLEY AVE, SUITE 10	4	5.3 STRE		ſ	5		
CITY-ST-ZIP	ORANGE PARK FL 32073		5.4 CITY- 6.1 TITLE		<u> </u>	Change Addition		
TITLE	D	☐ DELETE			\	☐ Change ☐ Addition		
NAME	DEMETREE, JACK		6.2 NAME					
STREET ADDRESS	1890 KINGSLEY AVE, SUITE 10	4	6.3 STRE	ETAD(JRESS	5		

CITY-ST-ZIP ORANGE PARK FL 32073 14. I 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 supplier ental 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 an attactionent with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING DEPICER OR DIRECTOR