FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 MAY -1 PM 7:32
TALLAHASSEE, FLORIDA

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DO NOT WRITE IN THIS SPACE

DOCUMENT # **P94000078374 (3)**

1. Corporation Name
MINTON CORNER QUICK OIL CHANGE, INC.

Principal Place of Business	Mailing Address
2990 W NEW HAVEN AVENUE WEST MELBOURNE FL 32904	2990 W NEW HAVEN AVENUE WEST MELBOURNE FL 32904

3. Date Incorporated or Qualified: **10/19/1994** | 3a. Date of Last Report: **N/A**

2. Principal Place of Business — 21: **SAME**
2a. Mailing Address — 26: **12995 TELEGRAPH**
4. FEI Number: **59-3273900** ☐ Applied For ☐ Not Applicable
22: Suite, Apt. #, etc
27: Suite, Apt. #, etc
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
23: City & State
28: **TAYLOR, MI**
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
24: Zip
25: Country
29: Zip **48180**
30: Country **USA**
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

FRESE, GARY B
930 S HARBOR CITY BLVD.
SUITE 505
MELBOURNE FL 32901

10. Name and Address of New Registered Agent

81 Name: **GERALD I. VAUGHN**
82 Street Address (P.O. Box Number is Not Acceptable): **2990 W. NEW HAVEN AVENUE**
83:
84 City: **WEST MELBOURNE** FL 85 Zip Code: **32904**

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. Said 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: Gerald Vaughn — DATE:
(Typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when restating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE	V/S/T	☐ Change ☒ Addition
NAME	VAUGHN, GERALDINE S	12 NAME		
STREET ADDRESS	2990 W NEW HAVEN AVENUE	13 STREET ADDRESS		
CITY ST ZIP	WEST MELBOURNE FL 32904	14 CITY ST ZIP		
TITLE		21 TITLE	P/D	☐ Change ☒ Addition
NAME		22 NAME	VAUGHN, GERALD I.	
STREET ADDRESS		23 STREET ADDRESS	2990 W. NEW HAVEN AVENUE	
CITY ST ZIP		24 CITY ST ZIP	WEST MELBOURNE, FL 32904	
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 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: Geraldine Vaughn — 4-10-95 — 313-287-9090
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Geraldine Vaughn

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