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Jan 16 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P94000089232 (0)

1. Corporation Name
GREASE-TEC, INC.

Principal Place of Business

1804 NASHVILLE ST
ORLANDO FL 32805

Mailing Address

P.O. BOX 555097
ORLANDO FL 32855-5097
US

3. Date Incorporated or Qualified
12/09/1994

3a. Date of Last Report
03/27/1996

4. FEI Number
59-3297972

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

21 2127 W. Pine St.

2a. Mailing Address

26 Suite Apt. #, etc.

City & State

23 Orlando, FL

City & State

27

Zip
24 32805

Country

25 Orange

Zip

29

Country

30

9. Name and Address of Current Registered Agent

SEAGRAVES, WILLIAM D SR
1804 NASHVILLE ST
ORLANDO FL 32805

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

Signature, typed or printed name of registered agent and title (if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P
NAME SEAGRAVES, WILLIAM D SR
STREET ADDRESS 1804 NASHVILLE ST.
CITY-ST-ZIP ORLANDO FL 32805

TITLE V
NAME SEAGRAVES, WILLIAM D JR
STREET ADDRESS 1804 NASHVILLE ST.
CITY-ST-ZIP ORLANDO FL 32805

TITLE ST
NAME SEAGRAVES, ANGELINA P
STREET ADDRESS 1804 NASHVILLE ST.
CITY-ST-ZIP ORLANDO FL 32805

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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 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:

William D Seagraves
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/6/96

Date

407/841-4321

Daytime Phone #

CR2E034 (9/96)