

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000053681
1. Corporation Name
Tennessee Lubes, Inc

Principal Place of Business

Mailing Address

APPROVED
AND
FILED

1996 MAY 17 PM 3:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

800001827318

| | | | | | | | |
|--------------------------------|--|---------------------|--|--|--|---|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified | | 3a. Date of Last Report | |
| 21 790 Pershing Rd | | 26 790 Pershing Rd | | 7/11/95 | | | |
| Suite, Apt. #, etc | | Suite, Apt. #, etc | | 4. FEI Number | | Applied For | |
| 22 | | 27 | | 65-0631106 | | Not Applicable | |
| City & State | | City & State | | 5. Certificate of Status Desired | | <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 23 Raleigh, NC | | 28 Raleigh, NC | | 6. Election Campaign Financing Trust Fund Contribution | | <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| Zip | | Zip | | Country | | Country | |
| 24 27608 | | 25 Wake | | 29 27608 | | 30 Wake | |
| Country | | Country | | Country | | Country | |
| 25 Wake | | 29 27608 | | 30 Wake | | | |
| Country | | Country | | Country | | Country | |

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT Corporation
1200 S. Pine Island Rd
Plantation, FL 33324

| | |
|----|--|
| 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 | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|-----------------------------|---|---|
| TITLE | PD | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Conway, Stephen | 1.2 NAME | |
| STREET ADDRESS | 902 Clint Moore Rd, Ste 100 | 1.3 STREET ADDRESS | |
| CITY- ST- ZIP | Boca Raton, FL 33487 | 1.4 CITY- ST- ZIP | |
| TITLE | VP | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Conway, Jerry | 2.2 NAME | |
| STREET ADDRESS | 790 Pershing Rd | 2.3 STREET ADDRESS | |
| CITY- ST- ZIP | Raleigh, NC 27608 | 2.4 CITY- ST- ZIP | |
| TITLE | AS | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Kauffman, Martin | 3.2 NAME | |
| STREET ADDRESS | 902 Clint Moore Rd, Ste 100 | 3.3 STREET ADDRESS | |
| CITY- ST- ZIP | Boca Raton, FL 33487 | 3.4 CITY- ST- ZIP | |
| TITLE | | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY- ST- ZIP | | 4.4 CITY- ST- ZIP | |
| TITLE | | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY- ST- ZIP | | 5.4 CITY- ST- ZIP | |
| TITLE | | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY- ST- ZIP | | 6.4 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)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARTIN KAUFFMAN

DATE

5/16/96

Daytime Phone #

967-5801

1201 HAYS STREET
TALLAHASSEE, FL 32301-2607
904-222-9171
904-222-0393 FAX

800-342-8086

2-2



ACCOUNT NO. : 072100000032

REFERENCE : 957795 8739A

AUTHORIZATION :

Patricia Pizit

COST LIMIT : \$225.00

ORDER DATE : May 17, 1996

ORDER TIME : 10:50 AM

ORDER NO. : 957795

CUSTOMER NO: 8739A

CUSTOMER: Jonathan Shepard, Esq
Siegel & Lipman
Suite 801
5355 Town Center Road
Boca Raton, FL 33432

ANNUAL REPORT FILING

NAME: TENNESSEE LUBES, INC.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

____ CERTIFIED COPY
XX _____ PLAIN STAMPED COPY
____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Michelle Bailey

EXAMINER'S INITIALS:

RECEIVED
96 MAY 17 PM 12:27
DIVISION OF CORPORATION