

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

FILED

May 12 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 # P95000053681 (9)

1. Corporation Name

TENNESSEE LUBES, INC.



Principal Place of Business

790 PERSHING ROAD
RALEIGH NC 27608

Mailing Address

790 PERSHING ROAD
RALEIGH NC 27608-2712

3. Date Incorporated or Qualified

07/11/1995

3a. Date of Last Report

05/17/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip*

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

4. FEI Number

65-0631106

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

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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	PD	<input type="checkbox"/> DELETE
NAME	CONWAY, STEPHEN	
STREET ADDRESS	902 CLINT MOORE RD., SUITE 100	
CITY - ST - ZIP	BOCA RATON FL 33487	
TITLE	V	<input type="checkbox"/> DELETE
NAME	CONWAY, JERRY	
STREET ADDRESS	790 PERSHING ROAD	
CITY - ST - ZIP	RALEIGH NC 27608	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	KAUFFMAN, MARTIN	
STREET ADDRESS	902 CLINT MOORE RD., SUITE 100	
CITY - ST - ZIP	BOCA RATON FL 33487	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	902 CLINT MOORE RD, SUITE 220
1.4 CITY - ST - ZIP	
2.1 TITLE	V D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	S T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	902 CLINT MOORE RD, SUITE 220
3.4 CITY - ST - ZIP	
4.1 TITLE	V AS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	R. LEWIS STANFORD
4.3 STREET ADDRESS	790 PERSHING ROAD
4.4 CITY - ST - ZIP	RALEIGH NC 27608
5.1 TITLE	AS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	JENNIFER LEE ENNIS
5.3 STREET ADDRESS	790 PERSHING ROAD
5.4 CITY - ST - ZIP	RALEIGH NC 27608
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/97

919-828-9511

CR2E034 (9/96)