

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 # **P95000056650 (1)**

1. Corporation Name

LIGHTNING QUICK LUBE, INC.



Principal Place of Business

Mailing Address

**5332 MAIN STREET
NEW PORT RICHEY FL 34652**

**5332 MAIN STREET
NEW PORT RICHEY FL 34652**

2. Principal Place of Business

2a. Mailing Address

21 **9203 Foremast Avenue**

Suite, Apt. #, etc.

22 **#4423**

City & State

23 **Port Richey, Florida**

Zip

Country

24 **34668**

Country

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified
07/21/1995

3a. Date of Last Report

4. FEI Number

59-3328717

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

10. Name and Address of New Registered Agent

81 Name

James F. McKay

82 Street Address (P.O. Box Number is Not Acceptable)

9203 Foremast Avenue, #4423

83

84 City

Port Richey

FL

85 Zip Code
34668

11. Pursuant to the provisions of Sections 607.0592 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

James F. McKay

James F. McKay

March 5, 1996

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME
**PD
MCKAY, JAMES F
47 DOGWOOD DRIVE, SUITE 203
NASHUA NH 03062**

TITLE ☐ DELETE

NAME
**VSTD
MCKAY, DENISE D
47 DOGWOOD DRIVE, SUITE 203
NASHUA NH 03062**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

NAME
**P/D
McKay, James F.
9203 Foremast Ave., #4423
Port Richey FL 34668**

2.1 TITLE ☐ Change ☐ Addition

NAME
**V/S/T/D
McKay, Denise D.
9203 Foremast Avenue, #4423
Port Richey FL 34668**

3.1 TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

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 in an attachment with an address.

SIGNATURE:

James F. McKay

James F. McKay

3/5/96

813/842-2511

Date

Daytime Phone #

CR2E034 (12/95)