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Apr 09 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 # P95000056650 (1)

1. Corporation Name

LIGHTNING QUICK LUBE, INC.

Principal Place of Business

5332 MAIN STREET  
NEW PORT RICHEY FL 34652

Mailing Address

9203 FOREMAST AVE  
STE 4423  
PORT RICHEY FL 34688-4749  
US

3. Date Incorporated or Qualified

07/21/1995

3a. Date of Last Report

03/11/1996

2. Principal Place of Business

21 6709 SR 54  
Suite, Apt. #, etc.

22 City & State  
NEW PORT RICHEY, FL

23 Zip  
34653

24 Country  
PASCO

2a. Mailing Address

26 6709 SR 54  
Suite, Apt. #, etc.

27 City & State  
NEW PORT RICHEY, FL

28 Zip  
34653

29 Country  
PASCO

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

9. Name and Address of Current Registered Agent

MCKAY, JAMES F  
9203 FOREMAST AVE  
STE 4423  
PORT RICHEY FL 34688

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Numbers Not Acceptable)

7805 BARCLAY ROAD

83

84 City

NEW PORT RICHEY

FL

85 Zip Code

34654

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 ☐ DELETE

NAME MCKAY, JAMES F  
STREET ADDRESS 9206 FOREMAST AVE STE 4423  
CITY-ST-ZIP PORT RICHEY FL

TITLE VSTD ☐ DELETE

NAME MCKAY, DENISE D  
STREET ADDRESS 9203 FOREMAST AVE STE 4423  
CITY-ST-ZIP PORT RICHEY FL

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

1.2 NAME  
1.3 STREET ADDRESS 7805 BARCLAY ROAD  
1.4 CITY-ST-ZIP NEW PORT RICHEY, FL 34654

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME  
2.3 STREET ADDRESS 7805 BARCLAY ROAD  
2.4 CITY-ST-ZIP NEW PORT RICHEY, FL 34654

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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

DENISE D. MCKAY 4/2/97 (813)841-0176

Date

Daytime Phone #