

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

FILED

Jan 14 1997 8:00am
Secretary of StatePROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000075992 (4)

1. Corporation Name
QUALITY FAST LUBE, INC.

Principal Place of Business

16730 US HIGHWAY 441
SUMMERFIELD FL 34491

Mailing Address

11580 SOUTHEAST 123 STREET
BELLEVUE FL 34420-55253. Date Incorporated or Qualified
01/02/1996

3a. Date of Last Report

2. Principal Place of Business

21 Suite, Apt #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 16730 U.S. HIGHWAY 441

27 Suite, Apt #, etc.

28 City & State

29 Summerfield, FL

30 Zip

31 Country

4. FEI Number

59-3337700

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes☒ Yes☐ No

9. Name and Address of Current Registered Agent

THE LAW FIRM OF LAWRENCE J SPIEGEL CHRTD
343 ALMERIA AVENUE
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name
MARK GRIFFITHS
82 Street Address (P.O. Box Number is Not Acceptable)
83 11580 S.E. 123RD ST.
84 City, Bellevue FL 85 Zip Code
34420

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: MARK GRIFFITHS

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1/9/97

12. OFFICERS AND DIRECTORS

TITLE PD
NAME GRIFFITHS, MARK L
STREET ADDRESS 16730 US HIGHWAY 441
CITY - ST - ZIP SUMMERFIELD FL 34491TITLE STD
NAME GRIFFITHS, TERRY L
STREET ADDRESS 16730 US HIGHWAY 441
CITY - ST - ZIP SUMMERFIELD FL 34491TITLE D
NAME GRIFFITHS, BRENT A
STREET ADDRESS 16730 US HIGHWAY 441
CITY - ST - ZIP SUMMERFIELD FL 34491TITLE
NAME
STREET ADDRESS
CITY - ST - ZIPTITLE
NAME
STREET ADDRESS
CITY - ST - ZIPTITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE PDT
12 NAME MARK GRIFFITHS
13 STREET ADDRESS 16730 US. HWY 441
14 CITY - ST - ZIP SUMMERFIELD, FL 3449121 TITLE VD
22 NAME TERRY GRIFFITHS
23 STREET ADDRESS 16730 U.S. HWY 441
24 CITY - ST - ZIP SUMMERFIELD FL 3449131 TITLE SD
32 NAME BRENT GRIFFITHS
33 STREET ADDRESS 16730 U.S. HWY 441
34 CITY - ST - ZIP SUMMERFIELD, FL 3449141 TITLE
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP61 TITLE
62 NAME
63 STREET ADDRESS
64 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: Mark Griffiths Pres.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/9/97 (352) 307-9767

Date

Daytime Phone #

CR2E034 (9/96)