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

PROFIT CORPORATION ANNUAL REPORT

1997

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

FILED Feb 24 1997 8:00am Secretary of State

	- 114.00	
DOCUMENT #	P96000015319	(2)

QUICKIE	E PIT STOP, INC						
Principal Plac	e of Business	Mailing Address			T LO DISENDE SAD LOGAN DESAS DOUGH DOUGH DOUGH	MONEL LLOWS BEIDE HINDS TERES YOUR DREA	
1698 CLEARWATER LARGO ROAD CLEARWATER FL 34616 CLEARWATER FL 34616-1107							
					3. Date Incorporated or Qualified 02/15/1996	3a. Date of Last Report	
2. Principal P	Place of Business	2a. Mailing Address 26			4. FEI Number 59-335/63		
Suite Apt.	#. etc.	Suite, Apt #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & Stat 23	e	City & State			6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip 24]	Country		Count 30	ry 	7.10.100.010.010.0	Yes No	
.,	9, Name and Address of Cui	rrent Registered Agent	8	1 Name	10. Name and Address of New Re	gistered Agent	
	ORGES, GEORGOS						
2654 COUNTRY GROVE BLVD PALM HARBOR FL 34684			8		ddress (P.O. Box Number is Not Acceptable)		
			8		LANGE CONTRACTOR OF THE PROPERTY OF THE PROPER	85 Zip Code	
					poration submits this statement for the	FL 63 Zip Code	
agent La SIGNATURE	am familiar with, and accept the of	sligations of, Section 607.0505, FIO	rida Statut	es.	tion's board of directors. I hereby acce red when reinstaling) ADDITIONS/CHANGES TO OFFI	DATE	
TOLE	1		1.1 TITUE			Change Addition	
NAME	62019 05 62	orges	1.2 NAM	E			
STREET ALEDRESS	2654 Country	1 Grove Blu	1.3 STRE	ET ADDRESS			
City+ST-ZiP	BRUTA OS GR 2654 COUNTRY Palm Harby	61.24664	1.4 CITY	-ST-ZIP			
TITLE		DELETE	2.1 TITLE			Change Addition	
NAME			2.2 NAM				
STREET ADDRESS			1	ET ADDRESS			
CITY-ST-ZiF		DELETE	2 4 CH1	r-ST-ZIP		Change Addition	
NAME			32 NAM			•	
STREET AUDRESS			33 STRE	ET ADDRESS			
GPV-ST-ZW			3.4. CiTY	r-ST-ZIP			
TITLE		DELETE	4.1 TITU			Change Addition	
NAME			4. 2 NAA	AE			
STREET ADDRESS			4.3 STR	EET ADORESS			
CHY-S1-74P		Dr. FTF	_	- ST - ZIP		Change Addition	
TITLE		☐ DELETE	5.1 NTL	- I		C. Onlinge C. Addition	
NAME			5.2 NAV	ŀ			
STREET ADDRESS				EET ADDRESS '-S1-ZIP			
CITY-ST-7/P TITLE		DELETE	6.1 TIFL			Change Addition	
NAME			6.2 NAM				
STREET ADDRESS			. E	EET ADDRESS			
C(18 - 51 - 7)P			6.4 CITY	r-ST-ZIP			
4.4 Lefe book	eby certify that the information sup	plied with this filing does not qualit	fy for the e	vemption state	ed in Section 119.07(3)(i), Florida Statut at my signature shall have the same leg	es. I further certify that the	
l lamanu	officer or director of the corporatio	on or the receiver or trustee empowed, or on an attachment with an add	red to ex	ecute this repo	ort as required by Chapter 607, Florida	Statutes; and that my name	