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FILED  
Jun 25 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P97000029025 (8) 1. Corporation Name PRECISION LUBE, INC.			
Principal Place of Business 4408 NE 8 STREET OCALA FL 33470		Mailing Address 4408 NE 8 STREET OCALA FL 33470	
2. Principal Place of Business 21 5330 SE Hwy 441 Suite, Apt. #, etc. 22 City & State 23 Belleview, FL Zip 24 34420 Country 25 Marion		2a. Mailing Address 26 5330 SE Hwy 441 Suite, Apt. #, etc. 27 City & State 28 Belleview, FL Zip 29 34420 Country 30 Marion	
9. Name and Address of Current Registered Agent CROWE, THOMAS 4408 NE 8 STREET OCALA FL 33470		10. Name and Address of New Registered Agent 81 Name Thomas Crowe 82 Street Address (P.O. Box Number is Not Acceptable) 5330 SE Hwy 441 83 84 City Belleview FL 85 Zip 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 <u>Thomas Crowe</u> DATE <u>6/17/98</u>			
12. OFFICERS AND DIRECTORS TITLE D NAME CROWE, THOMAS STREET ADDRESS 4408 NE 8 STREET CITY-ST-ZIP Ocala FL 33470 [X] DELETE [ ] DELETE [ ] DELETE [ ] DELETE [ ] DELETE [ ] DELETE		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE President 1.2 NAME Thomas Crowe 1.3 STREET ADDRESS 5330 SE Hwy 441 1.4 CITY-ST-ZIP Belleview, FL 34420 [X] Change [ ] Addition 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP [ ] Change [ ] Addition 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP [ ] Change [ ] Addition 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP [ ] Change [ ] Addition 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP [ ] Change [ ] Addition 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP [ ] Change [ ] Addition	



DO NOT WRITE IN THIS SPACE

14. I 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: Thomas Crowe

6/17/98

CR2E034 (10/97)