

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

FILED
Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90220 036 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000102872

1. Corporation Name
ALLSTAR QUICK LUBE, INCORPORATED

Principal Place of Business

Mailing Address

2101 N. BLVD.
TAMPA FL 33602-1936

2101 N. BLVD.
TAMPA FL 33602-1936

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/08/1998

4. FEI Number

59-3547325

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

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 owes the current year Intangible Personal Property Tax.

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SMITH, RICKEY
1538 CREEK BEND DR.
BRANDON FL 33510

81 Name GLEN Baham
82 Street Address (P.O. Box Number is Not Acceptable) 1202 W Braddock St.
83
84 City Tampa FL 85 Zip Code 33603

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 (Table with columns for Title, Name, Street Address, City-ST-ZIP, and a DELETED checkbox)

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (Table with columns for Title, Name, Street Address, City-ST-ZIP, and checkboxes for Change/Addition)

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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

Signature: [Handwritten Signature] Date: 1/20/99

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Telephone # 813 221-7111

CR2E034 (11/98)