

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V10997 (7)

1. Corporation Name

C&S MOBILE LUBE/REPAIR, INC.



Principal Place of Business

Mailing Address

101 FIRST ST
UNIT 210
WINTER GARDEN FL 34787
US

PO BOX 771554 N/A
UNIT 210
WINTER GARDEN FL 34777-1554
US

2. Principal Place of Business

2a. Mailing Address

21 101 First Street

26 P.O. Box 771554

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

23 Winter Garden, FL 34787

28 Winter Garden, FL 34777-1554

Zip

Country

Zip

Country

24 34787

25 Orange

29 34777-1554

30 Orange

9. Name and Address of Current Registered Agent

3. Date incorporated or Qualified

01/31/1992

3a. Date of Last Report

03/13/1995

4. FEI Number

59-3111915

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

10. Name and Address of New Registered Agent

ICARDI, JEFFREY A.
990 LEWIS DR
WINTER PARK FL 32789

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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 Arthur A. Schawel

(NOTE: Registered Agent signature required when reinstating)

4/15/96
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D CHAMPION, LLOYE S. ☒ DELETE
NAME
STREET ADDRESS PO BOX 285 N/A
CITY-ST-ZIP ALTOONA FL

1.1 TITLE SEZ/FRAS V. P. ☐ Change ☒ Addition
1.2 NAME SCHAWEL, ROSEMARY R.
1.3 STREET ADDRESS 1409 JUBAL DR.
1.4 CITY-ST-ZIP ORLANDO FL 32818

TITLE D PRESIDENT ☐ DELETE
NAME SCHAWEL, ARTHUR A.
STREET ADDRESS 1409 JUBAL DR
CITY-ST-ZIP ORLANDO FL

2.1 TITLE PRESIDENT ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE D ☒ DELETE
NAME SHIRLEY, WILLIAM R. SR.
STREET ADDRESS PO BOX 608-443
CITY-ST-ZIP ORLANDO FL

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE 800001794068 ☐ Change ☐ Addition
4.2 NAME 04/25/96--01023--025
4.3 STREET ADDRESS ***200.00
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: ARTHUR A. SCHAWEL
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Day/Time Phone

407 654-0644

CR2E034 (12/95)