

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

FILED
Apr 24 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **V10997** (7)
1. Corporation Name
C&S MOBILE LUBE/REPAIR, INC.

Principal Place of Business
**101 FIRST ST
WINTER GARDEN FL 34787
US**

Mailing Address
**PO BOX 771554
WINTER GARDEN FL 34777-1554
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 01/31/1992	
4. FEI Number 59-3111915	Applied For ☐ Not Applicable
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 or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

FL

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 filed application

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	V
NAME	SCHAWEL, ARTHUR A.	1.2 NAME	Nickles, Andrew E. III
STREET ADDRESS	1409 JUBAL DR	1.3 STREET ADDRESS	101 First St
CITY - ST - ZIP	ORLANDO FL	1.4 CITY - ST - ZIP	Winter Garden, FL 34787
TITLE	VST	2.1 TITLE	S
NAME	SCHAWEL, ROSEMARY R.	2.2 NAME	Dalesio, Donna L.
STREET ADDRESS	1409 JUBAL DR	2.3 STREET ADDRESS	5609 Mary's Villa Rd
CITY - ST - ZIP	ORLANDO FL	2.4 CITY - ST - ZIP	Groveland, FL 34736
TITLE		3.1 TITLE	T
NAME		3.2 NAME	Schawel, Rosemary R.
STREET ADDRESS		3.3 STREET ADDRESS	1409 Jubal Dr
CITY - ST - ZIP		3.4 CITY - ST - ZIP	Orlando, FL 32818
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

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:

ARTHUR A SCHAWEL

4/16/98 654-0644

CR2E034 (10/97)