

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

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Jeffrey B. Winkler
Secretary of State

**APPROVED
AND
FILED**

95 MAY -1 PM 10:14

DOCUMENT # V35312

(0)

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

SUPERIOR MOBILE LUBE, INC.

Principal Office Address

2831 JACK NICKLAUS WAY
SHALIMAR FL 32579

Mailing Address

2831 JACK NICKLAUS WAY
SHALIMAR FL 32579

2. Principal Office Address		2a. Mailing Address		3. Filing Date		3a. Effective Date	
21		26		05/08/1992		05/01/1994	
22		27		4. FE Number		Approved For	
				59-3129202		Not Applicable	
23		28		5. Certificate of Status (Domestic)		\$8.75 Additional Fee Required	
				6. Election Campaign Financing (Trust Fund Contribution)		\$5.00 May Be Added to Fees	
24		29		7. The corporation has fully paid all franchise taxes due to the state as of the filing date.		☒ Yes ☐ No	
25		30					

9. Name and Address of Current Registered Agent

MCCOWEN, SHERYL F.
2831 JACK NICKLAUS WAY
SHALIMAR FL 32579

10. Name and Address of New Registered Agent

81	First Name	
82	Street Address (P.O. Box Number or Post Office)	
83		
84	City	
FL	85	Zip Code

11. Pursuant to the provisions of Sections 601.01 and 601.02, Florida Statutes, the above named corporation certifies this statement for the purpose of changing its registered office to the principal office in the State of Florida. Such change was authorized by the corporation as required by law and the registered agent has agreed to accept the appointment as registered agent.

Signature

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS	
NAME	D MCCOWEN, SHERYL F. 2831 JACK NICKLAUS WAY SHALIMAR FL	NAME	☐ Change ☐ Addition
STREET ADDRESS		STREET ADDRESS	
CITY		CITY	
STATE		STATE	
ZIP CODE		ZIP CODE	
NAME	D MCCOWEN, SEAN P. 2831 JACK NICKLAUS WAY SHALIMAR FL	NAME	☐ Change ☐ Addition
STREET ADDRESS		STREET ADDRESS	
CITY		CITY	
STATE		STATE	
ZIP CODE		ZIP CODE	
NAME		NAME	☐ Change ☐ Addition
STREET ADDRESS		STREET ADDRESS	
CITY		CITY	
STATE		STATE	
ZIP CODE		ZIP CODE	
NAME		NAME	☐ Change ☐ Addition
STREET ADDRESS		STREET ADDRESS	
CITY		CITY	
STATE		STATE	
ZIP CODE		ZIP CODE	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and is true and correct, and that the corporation is duly organized and in good standing under the laws of the State of Florida. I further certify that the corporation is in good standing under the laws of the State of Florida and that the corporation is in good standing under the laws of the State of Florida.

SIGNATURE:

Sheryl F. McCowen SHERYL F. MCCOWEN 4/26/95 (904) 651-7888