**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.**
**AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)**

PROFIT CORPORATION ANNUAL REPORT
**1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 AUG -4 AM 10:23

DOCUMENT # **815589** **(7)**

1. Corporation Name
**WARELUBCO INC**

Principal Place of Business
400 W STATE ST.
P O BOX 1287
JACKSONVILLE IL 62651

Mailing Address
400 W STATE ST.
P O BOX 1287
JACKSONVILLE IL 62651

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 09/05/1961
3a. Date of Last Report: 08/17/1994

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

4. FEI Number: 37-0789505 — 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
LEONARD, TOM
3339 LITTLE JOE CT
APOPKA FL 32712

10. Name and Address of New Registered Agent
01 Name: VINCE D'ALESSANDRO
02 Street Address (P.O. Box Number is Not Acceptable): 1206 WEST MAIN
03
04 City: LEESBURG FL 05 Zip Code: 34748

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: Vince D'Alessandro 6/12/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when mailing) DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE | CD | 1.1 TITLE | ☐ Change ☐ Addition |
| NAME | WARE, RICHARD | 1.2 NAME | |
| STREET ADDRESS | 314 COUNTRY CLUB RD | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | JACKSONVILLE, ILL. 00000 | 1.4 CITY-ST-ZIP | |
| TITLE | PD | 2.1 TITLE | ☐ Change ☐ Addition |
| NAME | WARE, JON | 2.2 NAME | |
| STREET ADDRESS | 1553 MOUND | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | JACKSONVILLE, ILL. 00000 | 2.4 CITY-ST-ZIP | |
| TITLE | VPD | 3.1 TITLE | ☐ Change ☐ Addition |
| NAME | WARE, WILLIAM L. | 3.2 NAME | |
| STREET ADDRESS | R.R.#1 | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | JACKSONVILLE, ILL. 00000 | 3.4 CITY-ST-ZIP | |
| TITLE | S | 4.1 TITLE | ☐ Change ☐ Addition |
| NAME | WARE, JAMES | 4.2 NAME | |
| STREET ADDRESS | 11 AARON AVE | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | JACKSONVILLE IL | 4.4 CITY-ST-ZIP | |
| TITLE | T | 5.1 TITLE | ☐ Change ☐ Addition |
| NAME | SCOBBIE, MARK A. | 5.2 NAME | |
| STREET ADDRESS | 603 LOCUST | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | JACKSONVILLE IL | 5.4 CITY-ST-ZIP | |
| TITLE | | 6.1 TITLE | ☐ Change ☐ Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 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:** Mark A. Scobbie — MARK A. SCOBBIE TREASURER — 6/12/95 — 217/245-9528
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (3/95)

0182260 FN