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 # **H93518** **(9)**

1. Corporation Name
QUALITY LUBRICANTS, INC.

Principal Place of Business
% ROBERT E. TATE
806 U.S. HWY. 90 W.
CRESTVIEW FL 32536

Mailing Address
% ROBERT E. TATE
806 U.S. HWY. 90 W.
CRESTVIEW FL 32536

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

3. Date Incorporated or Qualified: 01/08/1986
3a. Date of Last Report: 02/20/1995
4. FEI Number: 59-2670347 — 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
TATE, ROBERT E.
806 U.S. HWY. 90 W.
CRESTVIEW FL 32536

10. Name and Address of New Registered Agent
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 607.1606, 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 or officer of agent — Date — DATE

12. OFFICERS AND DIRECTORS

TITLE	DV	☐ DELETE
NAME	TATE, ROBERT E.	
STREET ADDRESS	806 U.S. HWY. 90 W.	
CITY-ST-ZIP	CRESTVIEW FL	
TITLE	DTS	☐ DELETE
NAME	STYRON, MICHELLE	
STREET ADDRESS	4046 COOPERLANE	
CITY-ST-ZIP	HOLT FL	
TITLE	DP	☐ DELETE
NAME	SHARPE, DON	
STREET ADDRESS	1025 PEARSON ROAD	
CITY-ST-ZIP	MILTON FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	DTS	☒ Change ☐ Addition
2.2 NAME	STYRON, MICHELLE	
2.3 STREET ADDRESS	534 Ridge Lake	
2.4 CITY-ST-ZIP	Crestview, FL. 32539	
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 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 added in an attachment with an address.

SIGNATURE: Michelle T. Styron — Michelle T. Styron — 3-26-96 — (904)682-8444
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)