SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996 AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.) **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State 1996 DIVISION OF CORPORATIONS **DOCUMENT #** J17156 DIAMOND LUBE, INC. Principal Place of Business Mai ing Address % ROYCE E. THOMPSON \* ROYCE E. THOMPSON 1255 S.R. 436 1255 S.R. 436 ALTAMONTE SPRINGS FL 32714-2736 ALTAMONTE SPRINGS FL 32714 2736 3. Date Incorporated or Qualified 3a Date of Last Report 06/02/1986 08/04/1995 Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 59-2675333 Not Applicable Suite, Apt. #, etc. Suite Apt #, etc \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Added to Fees Trust Fund Contribution Zip Country 8. This corporation has liability for intangible tax under s. 199 032, 24 Florida Statutes Yes No 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name THOMPSON, ROYCE E. 82 Street Address (P.O. Box Number is Not Acceptable) 289 LAKE DOE BLVD APOPKA FL 32703 83 84 City 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 nereby accept the appointment as registered agent. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or pented nume of registered agent and the flapping abir (NO!E: Registered Agent agnature required whom constating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. (3/96) TITLE DELETE 1.1 TITLE Add tion NAME THOMPSON, ROYCE E. 1.2 NAME CR2E034 4426 GATLIN GROVE DR STREET ADDRESS 1.3 STREET ADDRESS ORLANDO FL CITY - ST - ZIP 14 CHY - ST- 7IP TITLE DELETE 2.1.1:TLE Change Addition VPD NAME THOMPSON, LINDA 2.2 NAME STREET ADDRESS 4426 GATLIN GROVE DR 2.3 STREET ADDRESS CITY-ST-ZIP ORLANDO FL 2 4 CHTY - \$1 - ZIP DELETE THILE 3.1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4 CITY-ST-ZIP TITLE DELETE 41 TITLE Change Addition NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADORESS City-ST-ZiP 4 4 CITY - \$1 - ZIP DELETE TITLE 5 1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADORESS

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 1 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

5 4 CITY - ST - ZIP

6.3 STREET ADDRESS

6.4 CITY - ST. ZIP

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