FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1994

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 APR 12 PM 3:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Corporate Name:
LUBRICATOR'S, INC

DOCUMENT #
P93000045611 (9)

Mailing Address:
440 SOUTH WICKHAM ROAD
WEST MELBOURNE FL 32904

Principal Place of Business:
440 SOUTH WICKHAM ROAD
WEST MELBOURNE FL 32904

800001455838
-04/13/95--01063--001
DO ****200.00 ****200.00

If above addresses are incorrect or not all, you may correct information and enter changes below.

3. Date Incorporated or Qualified: **06/23/1993**

3a. Date of Last Report:

2. Mailing Address (21):

2a. Principal Place of Business (26):

4. FEI Number: **59-3189178** ☐ Applied For ☐ Not Applicable

Suite, Apt. #, etc. (22):

Suite, Apt. #, etc. (27):

5. Certificate of Status Desired: **$8.75** ☐

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

City & State (23):

City & State (28):

7. Nonprofit Exempt from $138.75 Supplemental Fee ☐

Zip (24): Country (25): Zip (29): Country (30):

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

DILAVORE PETER V
877 NORTH A1A
STE. 201
INDIALANTIC FL 32903

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 607.1508 or Sections 617.0502 and 617.1508, 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 or 617.0503, Florida Statutes.

SIGNATURE _____ DATE _____
(Registered Agent Acknowledging Appointment - NOTE: Registered Agent signature required when name changed)

12. OFFICERS AND DIRECTORS		13. CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	D	11 TITLE	
12 NAME	DILAVORE PETE V	12 NAME	
13 STREET ADDRESS	877 NORTH A1A STE. 201	13 STREET ADDRESS	2153 TAPPAN Dore' LN
14 CITY ST ZIP	INDIALANTIC FL 32903	14 CITY ST ZIP	PALM BAY, FL 32905
21 TITLE	D	21 TITLE	
22 NAME	KIRBY FREDDIE I	22 NAME	
23 STREET ADDRESS	385 EMERSON DRIVE NORTHWEST	23 STREET ADDRESS	
24 CITY ST ZIP	PALM BAY FL 32907-1087	24 CITY ST ZIP	
31 TITLE		31 TITLE	
32 NAME		32 NAME	
33 STREET ADDRESS		33 STREET ADDRESS	
34 CITY ST ZIP		34 CITY ST ZIP	
41 TITLE		41 TITLE	
42 NAME		42 NAME	
43 STREET ADDRESS		43 STREET ADDRESS	
44 CITY ST ZIP		44 CITY ST ZIP	
51 TITLE		51 TITLE	
52 NAME		52 NAME	
53 STREET ADDRESS		53 STREET ADDRESS	
54 CITY ST ZIP		54 CITY ST ZIP	
61 TITLE		61 TITLE	
62 NAME		62 NAME	
63 STREET ADDRESS		63 STREET ADDRESS	
64 CITY ST ZIP		64 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 understand that pursuant to Section 607.1608(3)(k) in the event that the information supplied is deemed exempt from public access, I further certify that the information indicated on this 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 have included all obligations concerning compliance with Chapter 717, Florida Statutes, 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 or Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Peter V Dilavore
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-7-95 Date

722-8500 Daytime Phone #