[redacted] DISSOLVED ON OR AFTER AUGUST 1, 1996.

Amended $61.25

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
[redacted]
DIVISION OF CORPORATIONS

FILED
96 DEC 16 PM 12:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000056804

1. Corporation Name
Petroquip Service Inc.

Principal Place of Business	Mailing Address
20,125 S.W. Archer Rd. Archer FL. 32618	P.O. Box 953 Gainesville, FL. 32602

3. Date Incorporated or Qualified: 08-09-93
3a. Date of Last Report: May 1996

2. Principal Place of Business	2a. Mailing Address
21 Archer RD.	26 P.O. Box 953
22 Suite, Apt. #, etc: [redacted]	27 Suite, Apt. #, etc
23 City & State: Archer, Fl.	28 City & State: Gainesville, Fl.
24 Zip: 32618 25 Country: USA	29 Zip: 32602 30 Country: USA

4. FEI Number: 59-3196125 — 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

James Kent Sullivan
20125 S.W. Archer Rd.
Archer Fl. 32618

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, 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: James Kent Sullivan Registered Agent — December 12, 1996
Signature of or on behalf of registered agent — Typed or printed name of registered agent — Date

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	(P, T.) President and Treasurer SULLIVAN, James Kent 20,125 S.W. Archer Rd. Archer Fl. 32618 ☐ DELETE	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	(V,SEC) SULLIVAN, Dorothy Jean 20,125 S.W. Archer Rd. Archer Fl. 32618 Vice President, Secretary ☐ Change ☑ Addition
TITLE V / NAME / STREET ADDRESS / CITY-ST-ZIP	Morgan, Jeff D 6728 Mt. Vernon Dr. Melrose, Fl. 32666 ☑ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	Treasurer SULLIVAN, James K 20,125 S.W. Archer Rd. 32618 ☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	[redacted] ☐ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	-12/18/96-01015--010 *****61.25 *****61.25
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (3/96)

14. I do hereby certify that the information supplied with this report is true, complete and accurate. I further certify that this information supplied on this annual report or supplement is true and accurate and that my signature shall satisfy the requirements of Section 817.155, Florida Statutes, that prohibits persons from filing false reports with the Department. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall satisfy the requirement of Section 607.0120(7), Florida Statutes, that prohibits persons from filing false reports with the Department. I further certify 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 by an amendment, or is otherwise authorized to sign.

SIGNATURE: James Kent Sullivan — James Kent SULLIVAN — 12-15-96 — 352-495-3310
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR