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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

96 JUL 10 AM 10:20

DOCUMENT # **P94000065404 (3)**

1. Corporation Name

SOUTH LUBES, INC.

Principal Place of Business	Mailing Address
1890 KINGSLWY AVENUNE SUITE 104 ORANGE PARK FL 32073	1890 KINGSLWY AVENUNE SUITE 104 ORANGE PARK FL 32073

3. Date Incorporated or Qualified: **09/06/1994**

3a. Date of Last Report: **06/24/1995**

2. Principal Place of Business
21 1890 Kingsley Avenue
Suite, Apt. #, etc.
22 Suite 104
City & State
23 Orange Park, FL
Zip 24 32073 Country 25 Clay, U.S.

2a. Mailing Address
26 1890 Kingsley Avenue
Suite, Apt. #, etc.
27 Suite 104
City & State
28 Orange Park, FL
Zip 29 32073 Country 30 Clay, U.S.

4. FEI Number: **59-3282425** ☐ 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

HUNTLEY, LOUIS L
1890 KINGSLEY AVENUE
SUITE 104
ORANGE PARK FL 32073

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: (Signature, typed or printed name of registered agent, and date required) (NOTE: Registered Agent signature required when filing) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD HUNTLEY, LOUIS L 1890 KINGSLEY AVENUE, SUITE 104 ORANGE PARK FL 32073	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☐ Change ☐ Addition 600001889185 -07107EE-01027-001 ****225.00 ****225.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VSTD HUNTLEY, L. WARD 1890 KINGSLEY AVENUE, SUITE 104 ORANGE PARK FL 32073	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (12/95)

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)(i), 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: Sec/V.P. 7/9/96 904-276-3598

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #