SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
95 JUL 21 PM 12: 22
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DO NOT WRITE IN THIS SPACE

DOCUMENT # P94000086597 (9)

1. Corporation Name
SPECIALTY ENGINEERING LUBRICATION COMPANY

Principal Place of Business	Mailing Address
1018-113 OLD ST. AUG. RD. BOX 47 JACKSONVILLE FL 32257	1018-113 OLD ST. AUG. RD. BOX 47 JACKSONVILLE FL 32257

3. Date Incorporated or Qualified: 11/28/1994
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21	26 P.O. Box 596
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 Danville,
City & State 23	City & State 28 KY
Zip 24 / County 25	Zip 29 40423 / County 30

4. FEI Number: 59-3321338 ☐ 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	10. Name and Address of New Registered Agent
SHARPE, RALPH T 4395 GRAN MEADOWS LANE NORTH JACKSONVILLE FL 32258-1316	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 ______ DATE ______

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	President	1.1 TITLE	☐ Change ☐ Addition
NAME	Charles L. Culton	1.2 NAME	
STREET ADDRESS	173 Old Bridge Rd.	1.3 STREET ADDRESS	
CITY ST ZIP	Danville, KY 40422	1.4 CITY ST ZIP	
TITLE	VIce President	2.1 TITLE	☐ Change ☐ Addition
NAME	Shirley Culton	2.2 NAME	
STREET ADDRESS	173 Old Bridge Rd.	2.3 STREET ADDRESS	
CITY ST ZIP	Danville, KY 40422	2.4 CITY ST ZIP	
TITLE	Secretary	3.1 TITLE	☐ Change ☐ Addition
NAME	B. VIncent Rodriquez	3.2 NAME	
STREET ADDRESS	219 S. 4th St.	3.3 STREET ADDRESS	
CITY ST ZIP	Danville, KY 40422	3.4 CITY ST ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY ST ZIP		4.4 CITY ST ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY ST ZIP		5.4 CITY ST ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY ST ZIP		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 on an attachment with an address.

SIGNATURE: Charles L. Culton Charles L Culton 6-23-95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (3/95)

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