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

DOCUMENT # 522961

1. Corporation Name
P. M. MARINE ENGINE SERVICE INC.
D/B/A. PETE'S OUTBOARD SERVICE.

Principal Place of Business / Mailing Address
5573 WIDEFIELD DR
TALLAHASSEE, FL. 32308

3. Date Incorporated or Qualified: 1/11/77
3a. Date of Last Report: 1995

2. Principal Place of Business
21: 5573 WIDEFIELD DR.
22: Suite, Apt. #, etc.
23: TALLAHASSEE, FL
24: Zip 32308
25: Country LEON

2a. Mailing Address
26: 5573 WIDEFIELD DR
27: Suite, Apt. #, etc.
28: City & State TALLAHASSEE, FL
29: Zip 32308
30: Country LEON

4. FEI Number: 59-1719643 ☐ 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
PETER MAGNUSON
5573 WIDEFIELD DR.
TALLAHASSEE, FL. 32308

10. Name and Address of New Registered Agent
81 Name: PETER MAGNUSON
82 Street Address (P.O. Box Number is Not Acceptable): 5573 WIDEFIELD DR.
83:
84 City: TALLAHASSEE, FL 85 Zip Code: 32308

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: Peter Magnuson — 4/24/96
Signature, typed or printed name of registered agent, and title if applicable (NOTE: Registered Agent signature required when reinstating) — DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PRESIDENT	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	PETER MAGNUSON		1.2 NAME	
STREET ADDRESS	5573 WIDEFIELD DR.		1.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE, FL. 32308		1.4 CITY-ST-ZIP	
TITLE	SECRETARY	☒ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	ELIZABETH MAGNUSON		2.2 NAME	
STREET ADDRESS	5573 WIDEFIELD DR.		2.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE, FL. 32308		2.4 CITY-ST-ZIP	
TITLE	TREASURER	☒ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	ELIZABETH MAGNUSON		3.2 NAME	
STREET ADDRESS	5573 WIDEFIELD DR.		3.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE, FL. 32308		3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	100001805450 -05/02/96--01084--006 ***200.00
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

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)(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: Peter Magnuson — PETER MAGNUSON — 4/24/96 — 9045765134
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #