FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

1999 **DIVISION OF CORPORATIONS** DOCUMENT # P97000108012

Feb 22, 1999 8:00 am Secretary of State

02-22-1999 90049 049 ***150.00

 Corporatio 	n Name				
BECKS	OUTBOARD, INC.				
		4.184.11		<u> </u>	
Principal Plac		Mailing Address			
1257 BROWARD JACKSONVILLE		1257 BROWARD ROAD JACKSONVILLE FL 32218		DO NOT WRITE IN THIS	SPACE
				3. Date Incorporated or Qualifed	- SFACE
				12/18/1997	
2 Principal P	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		59-3483526	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 Additional Fee Required
City & Stat	te	City & State		6. Election Campaign Financing	\$5.00 May Be
23	•	28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year In	tangible '
24	25	29	30	Personal Property Tax.	☐ Yes ☐ No
	9. Name and Address of Current	Registered Agent		10. Name and Address of New Registered	Agent
			81 Name		
	BECK, BILLY J			ess (P.O. Box Number is Not Acceptable)	
	RANIE ROAD			<u> </u>	
JAC	KSONVILLE FL 32218		83		
			84 City		85 Zip Code
				oration submits this statement for the purpose of	<u> </u>
SIGNATURE	Signature, typed or printed name of registered agent		Registered Agent signature required	d when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AF	ND DIRECTORS IN 12
TITLE	D	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	BECK, MINNIE L		1.2 NAME		
STREET ADDRESS	1000 DINE 5015		1.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32218		1.4 CITY-ST-ZIP		
TITLE	P	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	BECK, BILLY J		2.2 NAME		
STREET ADDRESS	4090 RANIE RD		2.3 STREET ADDRESS	ر به د به د د د د د د د د د د د د د د د د	•
CITY-ST-ZIP	JACKSONVILLE FL 32218		2. 4 CITY-ST-ZIP		Clare Daddina
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	BECK, MINNIE L		3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32218	□ DELETE	3.4. CITY-ST-ZIP		Change Addition
TITLE	ST HARRIE HAR NO	DELETE	4.1 TITLE		
NAME	MARBAE, KAREN-B HARDA	IGE, KAREN B.	4. 2 NAME 4.3 STREET ADDRESS	•	
STREET ADDRESS	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		4.4 CITY-ST-ZIP		
CITY-ST-ZIP	CALLAHAN FL 32011 ST	☐ DELETÉ	5.1 TITLE		Change Addition
NAME	BECK, BILLY J JR		5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32218		5.4 CITY-ST-ZIP		
TITLE	WICHOUTHLEE I E SEE TO	☐ DELETÉ	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		•
STREET ADDRESS			63 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP	<u></u>	

14. I hereby certify that the information supplied with this filing 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 changes, or on an attachment with an address, with all other like empowered.

SIGNATURE: