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CORPORATION ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR -9 AM 8:58

DOCUMENT # J61406 (1)

1. Corporation Name
CERTIFIED DIESEL & MARINE CORP.

Principal Place of Business	Mailing Address
% WAYNE MACNEIL 7361 ELSA ST. ENGLEWOOD FL 34224	% WAYNE MACNEIL 7361 ELSA ST. ENGLEWOOD FL 34224

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 03/12/1987
3a. Date of Last Report: 01/21/1994

2. Principal Place of Business
21: 2640 AVE OF THE AMERICAS
22: Suite, Apt. #, etc.
23: City & State: ENGLEWOOD FL
24: Zip: 34224
25: Country: U.S.A.

2a. Mailing Address
27: Suite, Apt. #, etc.
28: City & State
29: Zip
30: Country

4. FEI Number: 06-1190113 ☐ 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

MACNEIL, WAYNE
7361 ELSA ST.
ENGLEWOOD FL 34224

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	☐ Change ☐ Addition
NAME	MACNEIL, WAYNE F.	1.2 NAME	
STREET ADDRESS	7361 ELSA ST.	1.3 STREET ADDRESS	
CITY-ST-ZIP	ENGLEWOOD FL	1.4 CITY-ST-ZIP	
TITLE	V	2.1 TITLE	☐ Change ☐ Addition
NAME	MACNEIL, GERALD C.	2.2 NAME	
STREET ADDRESS	24 WENDOVER WAY	2.3 STREET ADDRESS	
CITY-ST-ZIP	BEDFORD NH	2.4 CITY-ST-ZIP	
TITLE	TSD	3.1 TITLE	☐ Change ☐ Addition
NAME	MACNEIL, DONNA M.	3.2 NAME	
STREET ADDRESS	24 WENDOVER WAY	3.3 STREET ADDRESS	
CITY-ST-ZIP	BEDFORD NH	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)(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: Wayne MacNeil Wayne MacNeil 1-15-95 813-425-7270
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0348440 CP