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 # P95000084592 (1)

1. Corporation Name

WEEKS AUTO MARINE, INC.

Principal Place of Business	Mailing Address
2652 BLANDING BLVD. JACKSONVILLE FL 32210	2652 BLANDING BLVD. JACKSONVILLE FL 32210

3. Date Incorporated or Qualified: 11/01/1995
3a. Date of Last Report:

4. FEI Number: 59-3338580   [ ] 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. The corporation has liability for intangible tax under s. 199.032, Florida Statutes. [✓] Yes [ ] No

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip
24
Country
25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip
29
Country
30

9. **Name and Address of Current Registered Agent**

BARBONE, JOHN A
2652 BLANDING BLVD.
JACKSONVILLE FL 32210

10. **Name and Address of New Registered Agent**

B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City   **FL**   B5 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 617.0502, 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. [illegible] I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	[ ] DELETE	1 TITLE		[ ] Change [ ] Addition
NAME	BARBONE, JOHN A		1 NAME		
STREET ADDRESS	2652 BLANDING BLVD.		1 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32210		1 CITY-ST-ZIP		
TITLE	D	[ ] DELETE	2 TITLE		[ ] Change [ ] Addition
NAME	WEEKS, DANA		2 NAME		
STREET ADDRESS	2652 BLANDING BLVD.		2 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32210		2 CITY-ST-ZIP		
TITLE		[ ] DELETE	3 TITLE		[ ] Change [ ] Addition
NAME			3 NAME		
STREET ADDRESS			3 STREET ADDRESS		
CITY-ST-ZIP			3 CITY-ST-ZIP		
TITLE		[ ] DELETE	4 TITLE		[ ] Change [ ] Addition
NAME			4 NAME		
STREET ADDRESS			4 STREET ADDRESS		
CITY-ST-ZIP			4 CITY-ST-ZIP		
TITLE		[ ] DELETE	5 TITLE		[ ] Change [ ] Addition
NAME			5 NAME		
STREET ADDRESS			5 STREET ADDRESS		
CITY-ST-ZIP			5 CITY-ST-ZIP		
TITLE		[ ] DELETE	6 TITLE		[ ] Change [ ] Addition
NAME			6 NAME		
STREET ADDRESS			6 STREET ADDRESS		
CITY-ST-ZIP			6 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 report or supplemental 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: John Barbone JOHN BARBONE 4/11/96   904-387-1440

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)