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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## 1997

DOCUMENT # P95000084592 (1)

WEEKS AUTO MARINE, INC.

2652 BLANDING BLVD. JACKSONVILLE FL 32210	2852 BLANDING BLVD. JACKSONVILLE FL 32210
Principal Place of Business	Mailing Address

## FILED Apr 17 1997 8:00am Secretary of State



JACKSONVILLI		JACKSONVILLE FL 3221(	0-5250						
					3. Date Incorporated or Qualified 11/01/1995		te of L	ast Report	
2. Principal F	Page of Business	2a. Mailing Address	- <del></del>		4. FEI Number	1 44	197.15	Applied	For
21		26			59-3338580			Not App	licable
	Apt #, etc Suite, Apt. #, etc. 27			5. Certificate of Status Desired S8.75 Additional Fee Required					
City & Sta	le	City & State			Election Campaign Financing     Trust Fund Contribution			5.00 May I	
Zip 24]	Country 25	Z <sub>(P</sub>	Cour 30	ılry	This corporation has liability for Florida Statutes	inlangible Yes	tax un	der s. 199.0	032,
	9. Name and Address of Cu		I		10. Name and Address of New Re	gistered #	gent		
BAF	RBONE, JOHN A			81 Nam	θ				
265	52 BLANDING BLVD.		}	82 Stree	t Address (P.O. Box Number Is Not Acceptab	ole)			
JAC	CKSONVILLE FL 32210		-	83					
			-	84 City			85	Zip Code	
						FL	ЩЦ	<del> </del>	
agent I a	ant familiar with, and accept the o				d corporation submits this statement for the porporation's board of directors. I hereby acceptive required when reinstating)	DATE			
12.		AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC		DIRE	CTORS IN	12
TIT.E	D	☐ DELETE	1170	LE			Ch	ange	Addition
NAME	BARBONE, JOHN A		1 2 NA	ME					
STREET ADDRESS	AATA DI MIDINIA BILID		1.3 STF	REET ADDRES	s				
CITY - ST - 7P	JACKSONVILLE FL 32210		1.4 CH	Y-ST-ZIP					
THILE	D	☐ DELETE	21 111			***	☐ Cr	nange 🔲	Addition
NAME	WEEKS, DANA		2.2 NA	WE					
STREET ADDRESS	AATA OL LUBUUA BILLO		2.3 ST	REET ADDRES	5				
CITY ST-ZIP	JACKSONVILLE FL 32210		2. 4 CI	IY-ST-ZIP					
TiJt E		DELETE	3.1 117				Ch	ange 🔲	Addition
NAME			3.2 NA	₩E					
STREET ADDRESS			3.3 ST	REET ADDRES	s				
CHY-ST ZIE			3.4. C)	TY-ST-ZIP					
THLE		☐ DELETE	4.1 TIT	LE			Cr	nange 🔲	Addition
NAME			4. 2 NA	ME					
STREET ADDRESS			4.3 ST	reet addres	s l				-
CITY+51-7IP			4.4 CiT	Y-\$1-ZIP					
TIME		☐ DELETE	5 1 TIT	LE			C	nange 📙	Addition
NAME			5.2 NA	ME					
STREET LABORESS			5.3 ST	REET ADDRES	s				
CH r - S (- 719			5 4 CIT	Y-ST-ZIP					
THELF		☐ DELETE	6.1 TiT	LE			Cr	nange 🔲	Addition
NAME			6 2 NA	ME					
STREET ADDRESS			6.3 ST	REET ADDRES	s <del> </del>				
CIY-ST-ZiP			6.4 CH	Y-ST-ZIP					
	by certify that the information sur	plied with this filing does not qua			stated in Section 119.07(3)(i), Florida Statute	s. I further	certif	y that the	****************

From the Edgy coarry that the minimation supplied with this liming does not quality to the exemption stated in section 1.19.07 (5)(i), Frontal statutes. If writer 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

OFFICER OR DIRECTOR

4/10/97 904 387-1440