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

AMENDED

DOCUMENT # S81284

1. Corporation Name

EAST COAST MOTOR WORKS INC.

Principal Place of Business: 3036 BRAVO CT. ORANGE PARK, FL. 32065

Mailing Address: P.O. BOX 1645 ORANGE PARK, FL. 32067-1645

3. Date Incorporated or Qualified: 9-19-91
3a. Date of Last Report: 4-96

4. FEI Number: 59-3085035 ☐ 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

2. Principal Place of Business
21: 3036 BRAVO CT.
22: Suite, Apt. #, etc:
23: City & State: ORANGE PARK FL.
24: Zip: 32065 25: Country: U.S

2a. Mailing Address
26: 3036 BRAVO CT.
27: Suite, Apt. #, etc:
28: City & State: ORANGE PARK, FL.
29: Zip: 32065 30: Country: U.S.

9. Name and Address of Current Registered Agent

ROBERT C. CAULK
3036 BRAVO CT.
ORANGE PARK, FL.

10. Name and Address of New Registered Agent

81 Name: DAVID B. DUROCHER
82 Street Address (P.O. Box Number is Not Acceptable): 2668 B SUNRISE VILLAGE DR.
83
84 City: ORANGE PARK **FL** 85 Zip Code: 32067

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: [signature] DATE: 5-28-96

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

12. OFFICERS AND DIRECTORS

Field	Value	Delete
TITLE	PRESIDENT	☒ DELETE
NAME	ROBERT C. CAULK	
STREET ADDRESS	3036 BRAVO CT.	
CITY-ST-ZIP	ORANGE PARK, FL. 32665	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Field	Value	Change	Addition
1.1 TITLE	PRESIDENT	☐ Change	☒ Addition
1.2 NAME	DAVID DUROCHER		
1.3 STREET ADDRESS	2668 B SUNRISE VILLAGE DR.		
1.4 CITY-ST-ZIP	ORANGE PARK, FLA.		
2.1 TITLE	VICE PRESIDENT	☐ Change	☒ Addition
2.2 NAME	ROBERT C. CAULK		
2.3 STREET ADDRESS	3036 BRAVO CT.		
2.4 CITY-ST-ZIP	ORANGE PARK, FL. 32065		
3.1 TITLE		☐ Change	☐ Addition
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		☐ Change	☐ Addition
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		☐ Change	☐ Addition
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		☐ Change	☐ Addition
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

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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: [signature] 5-28-96 904-272-6773

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #