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 # V21363 (9)

1. Corporation Name
PBE, INC.

Principal Place of Business
121 VIA DELUNA
PENSACOLA BEACH FL 32561
US

Mailing Address
121 VIA DELUNA
PENSACOLA BEACH FL 32561
US

2. Principal Place of Business
21 3469 Willowlane
Suite, Apt #, etc
22
City & State
23 Gulf Breeze, Fl
Zip 24 32561 Country 25 US

2a. Mailing Address
26 76 Old Main St
Suite, Apt #, etc.
27
City & State
28 New London, NH
Zip 29 03257 Country 30 US

3. Date Incorporated or Qualified 03/13/1992
3a. Date of Last Report 01/23/1995
4. FEI Number 59-3243261 ☐ 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
LEATHERWOOD, DAVID
121 VIA DELUNA
PENSACOLA FL 32561

10. Name and Address of New Registered Agent
81 Name Leatherwood, David P
82 Street Address (P.O. Box Number is Not Acceptable) 3469 Willow Lane
83
84 City Gulf Breeze FL 85 Zip Code 32561

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] David Leatherwood 6-9-96
Signature, typed or printed name of registered agent and title if applicable — New Registered Agent signature required when reinstating — DATE

12. OFFICERS AND DIRECTORS

TITLE	PDST	☐ DELETE
NAME	LEATHERWOOD, DAIVD	
STREET ADDRESS	121 VIA DELUNA	
CITY-ST-ZIP	PENSACOLA BEACH FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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

1.1 TITLE	PDST	☒ Change ☐ Addition
1.2 NAME	Leatherwood, David P	
1.3 STREET ADDRESS	76 Old Main Street	
1.4 CITY-ST-ZIP	New London, NH 03257	
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
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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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] 6-9-96 6035269698
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #