

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

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 MAY -1 AM 11:59

DOCUMENT # 417124 (5)

1. Corporation Name

BREVARD AUTO PARTS AND SALVAGE INC

Principal Place of Business

3052 DOXE HWY NE
PALM BAY FL 32905

Mailing Address

3052 DOXE HIGHWAY NE
PALM BAY FL 32905
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/18/1973

3a. Date of Last Report

05/01/1994

2. Principal Place of Business

21 805 E. Hibiscus Blvd

2a. Mailing Address

26 2653 Elliot Way #6

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

23 Melbourne, FL

City & State

28 Melbourne, FL

Zip

24 32901

Country

25 USA

Zip

29 32935

Country

30 USA

4. FEI Number

59-1431427

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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

MOSER, EDWARD
1027 CROMEY ROAD NE
PALM BAY FL 32905

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	MOSER, SUSAN
STREET ADDRESS	2653 ELLIOT WAY #6
CITY - ST - ZIP	MELBOURNE FL
TITLE	VPSD
NAME	MOSER, EDWARD
STREET ADDRESS	1027 CROMEY RD. NE
CITY - ST - ZIP	PALM BAY FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 1 TITLE	☐ Change ☐ Addition
1 2 NAME	
1 3 STREET ADDRESS	
1 4 CITY - ST - ZIP	
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	Jerome W. Klusck SR
3 3 STREET ADDRESS	96 Katherine Blvd
3 4 CITY - ST - ZIP	West Melbourne, FL 32904
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	

REMITTED BY MAY 1

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 110.07(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:

Susan Moser

SUSAN MOSER

DATE

5/11/95

Signature of Officer or Director