

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.  
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

**PROFIT CORPORATION ANNUAL REPORT 1995**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

95 AUG 10 AM 11:52

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**DOCUMENT # P94000014012 (6)**

1. Corporation Name

**CERTIFIED AUTOMOTIVE INC.**

Principal Place of Business

Mailing Address

1514 CLEARLAKE RD #73  
COCOA FL 32922

1514 CLEARLAKE RD #73  
COCOA FL 32922

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

3a. Date of Last Report

02/17/1994

4. FEI Number

Applied For

59-3230328

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

2a. Mailing Address

21 1490 Brookford Rd.

26 1490 Brookford Rd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite A

27 Suite A

City & State

City & State

23 Kernersville, N.C.

28 Kernersville, N.C.

Zip

Country

Zip

Country

24 27284

25 U.S.

29 27284

30 U.S.

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BURKARD, GARY M  
1514 CLEARLAKE RD #73  
COCOA FL 32922

81 Name

George Brooks

82 Street Address (P.O. Box Number is Not Acceptable)

412 Bellair Dr.

83

84 City

COCOA

FL

85 Zip Code

32922

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 George Brooks

George Brooks

DATE 8-1-95

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
D	BURKARD, GARY M	1514 CLEARLAKE ROAD #73	COCOA FL 32922

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	Change	Addition
Registered Agent	George Brooks	412 Bellair Dr.	COCOA, Fla. 32922	<input type="checkbox"/>	<input checked="" type="checkbox"/>
P, S, JT, D	April Lynn Burkard	1490 Brookford Rd. Suite A	Kernersville, NC. 27284	<input type="checkbox"/>	<input checked="" type="checkbox"/>
VP, D	GARY M. BURKARD	1490 Brookford Rd. Suite A	Kernersville, NC 27284	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 recorder 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: April Lynn Burkard

DATE: July 27, 1995 (910)993-7505