

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P97000003515

**Entity Name:** BEACHES AUTO REPAIR, INC.

**Current Principal Place of Business:**

60 W 8TH ST  
ATLANTIC BEACH, FL 32233

**Current Mailing Address:**

823 PATRICIA LN  
JACKSONVILLE BCH, FL 32250 US

**FEI Number:** 59-3422926

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

MATTHEWS, CAROL S  
60 W 8TH ST  
ATLANTIC BEACH, FL 32233 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            D  
Name            MATTHEWS, CHARLES W  
Address        823 PATRICIA LN  
City-State-Zip: JACKSONVILLE BEACH FL 32250

Title            D  
Name            MATTHEWS, CAROL S  
Address        823 PATRICIA LN  
City-State-Zip: JACKSONVILLE BEACH FL 32250

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** CAROL S MATTHEWS

**DIRECTOR**

**01/26/2016**

Electronic Signature of Signing Officer/Director Detail

Date