

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 # F08074 (9)
1. Corporation Name
KEITH'S AUTO REPAIR, INC.



Principal Place of Business
**301 EAST MAIN STREET
LEESBURG FL 34748**

Mailing Address
**301 EAST MAIN STREET
LEESBURG FL 34748**

3. Date Incorporated or Qualified
12/05/1980

3a. Date of Last Report
05/01/1995

4. FEI Number
59-2045347

Applied For
 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 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

**SEVENBERGEN, KEITH A
301 E MAIN ST
LEESBURG FL 34748-2228**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

85 Zip Code
FL

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 reinstating.)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PDT	1. 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SEVENBERGEN, KEITH A	12 NAME	
STREET ADDRESS	301 E MAIN ST	13 STREET ADDRESS	
CITY-ST-ZIP	LEESBURG, FL 00000	14 CITY-ST-ZIP	
TITLE	V	2. 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SEVENBERGEN, JACQUELINE	2. 2 NAME	
STREET ADDRESS	301 E MAIN ST	2. 3 STREET ADDRESS	
CITY-ST-ZIP	LEESBURG FL	2. 4 CITY-ST-ZIP	
TITLE	S	3. 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAIR, VICKI SEVENBERGEN	3. 2 NAME	
STREET ADDRESS	301 E MAIN ST	3. 3 STREET ADDRESS	
CITY-ST-ZIP	LEESBURG FL	3. 4 CITY-ST-ZIP	
TITLE		4. 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4. 2 NAME	
STREET ADDRESS		4. 3 STREET ADDRESS	
CITY-ST-ZIP		4. 4 CITY-ST-ZIP	
TITLE		5. 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5. 2 NAME	
STREET ADDRESS		5. 3 STREET ADDRESS	
CITY-ST-ZIP		5. 4 CITY-ST-ZIP	
TITLE		6. 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6. 2 NAME	
STREET ADDRESS		6. 3 STREET ADDRESS	
CITY-ST-ZIP		6. 4 CITY-ST-ZIP	

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 in 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: *Keith A. Sevenbergen*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan. 30, 1996
DATE
9047284959
DAYTIME PHONE #

CR2E034 (12/95)