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

CORPORATION ANNUAL REPORT



F08074

Country

9. Name and Address of Current Registered Agent

25

SEVENBERGEN, KEITH A

LEESBURG FL 34748-2228

301 E MAIN ST

FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

(9)

KEITH'S AUTO REPAIR. INC.

Principal Place of Business

DOCUMENT #

Mailing Address

2a. Mailing Address

City & State

Suite, Apt. #. etc.

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301 EAST MAIN STREET LEESBURG FL 34748

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

21

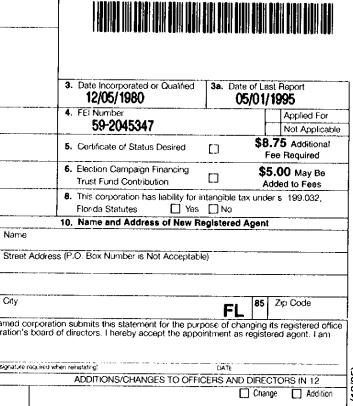
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301 EAST MAIN STREET LEESBURG FL 34748



Or register	o the provisions of Sections 607.0502 and 607.1508 ed agent, or both, in the State of Florida. Such chang h, and accept the obligations of, Section 607.0505, i	se was autronzen:	the above named co by the corporation's	proporation submits this statement for the purpose of changing board of directors. I hereby accept the appointment as registed	its registered office ered agent. I am
SIGNATURE					
	Signature: typed or printed name of registered agent and little if applicable.		(NOTE: Registered Agent signature requires when reinstating): DATE		
12.	OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE		□ DELETE	1. 1 TITLE	Crian	ge 🔲 Addition
NAME	SEVENBERGEN, KEITH A		1.2 NAME		
STREET ADDRESS	301 E MAIN ST		13 STREET ADDRESS		
CITY - ST - ZIP	LEESBURG, FL 00000		1.4 CiTY - ST - ZiP		
TITLE	V	DELETE	2. 1 TITLE	□ Chan	ge
NAME	SEVENBERGEN, JACQUELINE		2 2 NAME		
STREET ADDRESS	301 E MAIN ST		2.3 STREET ADDRESS		
CITY-ST-ZIP	LEESBURG FL		24 CITY-ST-ZIP		
THE	S	DELETE	3. 1 TITLE	[] Chan	ge
NAME	BAIR, VICKI SEVENBERGEN		32 NAME	3	
STREET ADDRESS	301 E MAIN ST		3.3. STREET ADDRESS		
CITY-ST-ZIP	LEESBURG FL		3.4 CITY - ST - ZIP		
TITLE		DELETE	4.1 TITLE	Chang	ge Addition
NAME			4.2 NAME		
STREET ADDRESS			43 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY - ST-ZIP		
TITLE		DELETE	5 1 TITLE	Cnan	ge Addition
NAME			5.2 NAME		
STREET ADDRESS			53 STREET ADDRESS		Ĭ
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
THILE		DELETE	6. 1 TITLE	Chang	ge Addition
NAME			6.2 NAME	•	_
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

Country

81 Name

82

83

City

30

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 13 inchanged, or on an attachment with an address.

SIGNATURE:

an.30,1996 9047284959