

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 # F60771 (5)

1. Corporation Name

ALL BREVARD COLLISION REPAIR, INC.



Principal Place of Business

Mailing Address

ALL BREVARD COLLISION
2730 PALM BAY RD. N.E.
PALM BAY FL 32905
US

ALL BREVARD COLLISION
2730 PALM BAY RD. N.E.
PALM BAY FL 32905
US

3. Date Incorporated or Qualified

12/29/1981

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number

59-2163824

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

NASH, CHARLES IAN
930 S HARBOR CITY BLVD
SUITE 505
MELBOURNE FL 32901

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

D
NAME MOSER, SUSAN B
STREET ADDRESS 2653 ELLIOT WAY#6
CITY-ST-ZIP MELBOURNE FL

TITLE ☐ DELETE

DV
NAME KLENCK, JEROME W SR
STREET ADDRESS 96 KATHERINE BLVD
CITY-ST-ZIP MELBOURNE, FL 00000

TITLE ☐ DELETE

DST
NAME STARKEY, LOIS A
STREET ADDRESS 2700 PENNSYLVANIA AVE
CITY-ST-ZIP MELBOURNE FL

TITLE ☐ DELETE

P
NAME KLENCK, JEROME W. JR.
STREET ADDRESS 96 KATHERINE BLVD.
CITY-ST-ZIP MELBOURNE FL

TITLE ☐ DELETE

D
NAME KLENC, MICHAEL
STREET ADDRESS 96 KATHERINE BLVD
CITY-ST-ZIP MELBOURNE FL

TITLE ☐ DELETE

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

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

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

D
KLENCK, MICHAEL
3313 VISTA OAKS CIR N.E.
PALM BAY FLA 32905

D
MARK KLENCK
272 GODFREY RD S.E.
PALM BAY FLA 32909

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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Jerome W. Klenck Sr* JEROME W. KLENCK SR 12 JAN 96 407-222-2050
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)