

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 22, 1999 8:00 am
Secretary of State

02-22-1999 90020 003 ***150.00

DOCUMENT # **F60771**

1. Corporation Name

ALL BREVARD COLLISION REPAIR, INC.

Principal Place of Business

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

Mailing Address

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/29/1981

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

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

OFFICERS AND DIRECTORS

ST	<input type="checkbox"/> DELETE
MOSER, SUSAN B	
2653 ELLIOT WAY # 6	
MELBOURNE FL	
EVP	<input type="checkbox"/> DELETE
KLENCK, JEROME W SR	
96 KATHERINE BLVD	
MELBOURNE FL 32904	
D	<input type="checkbox"/> DELETE
MOSER, EDWARD L	
1027 CROMEY RD NE	
PALM BAY FL 32905	
P	<input type="checkbox"/> DELETE
KLENCK, JEROME W. JR.	
96 KATHERINE BLVD.	
MELBOURNE FL	
D	<input type="checkbox"/> DELETE
KLENCK, MICHAEL	
3313 VISTA OAKS CIRCLE NE	
PALM BAY FL 32905	
D	<input type="checkbox"/> DELETE
KLENCK, MARK	
272 GODFREY RD., SE	
PALM BAY FL	

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	KLENCK, JESSICA H	
1.3 STREET ADDRESS	96 KATHERINE BLVD	
1.4 CITY-ST-ZIP	MELBOURNE FLA 32904	
2.1 TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Susan Richards	
2.3 STREET ADDRESS	109 Tudor Road S.W.	
2.4 CITY-ST-ZIP	Palm Bay FL 32908	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	KLENCK JEROME W. SR	
4.3 STREET ADDRESS	96 KATHERINE BLVD	
4.4 CITY-ST-ZIP	MELBOURNE FLA 32904	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	KLENCK, MARK	
6.3 STREET ADDRESS	272 Godfrey Rd. S.E.	
6.4 CITY-ST-ZIP	Palm Bay FL 32909	

I certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Jerome W. Klenck Sr
JEROME W KLENCK SR

5 JAN 99

Date

407 727-2050

Daytime Phone #

CR2E034 (11/98)