

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 # J69522 (7)

1. Corporation Name

MR. FIX-IT OF BREVARD, INC.



Principal Place of Business

6619 FLAMINGO RD.
W. MELBOURNE FL 32904
US

Mailing Address

6619 FLAMINGO RD.
W. MELBOURNE FL 32904
US

2. Principal Place of Business

2a. Mailing Address

21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Zip
24	Country	29	Country

3. Date Incorporated or Qualified

04/27/1987

3a. Date of Last Report

04/18/1995

4. FEI Number

59-2807783

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

BRITT, DONALD J.
6619 FLAMINGO RD.
W. MELBOURNE FL 32904

10. Name and Address of New Registered Agent

81	Name	Evelyn B. Britt
82	Street Address (P.O. Box Number is Not Acceptable)	6619 Flamingo Rd.
83		
84	City	W. Melbourne
85	Zip Code	FL 32904

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

Evelyn B. Britt, President

3/25/96

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	P/V S/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRITT, DONALD J.		1.2 NAME	Evelyn B. Britt	
STREET ADDRESS	6619 FLAMINGO RD.		1.3 STREET ADDRESS	6619 Flamingo Rd.	
CITY-ST-ZIP	W MELBOURNE FL		1.4 CITY-ST-ZIP	W. Melbourne, FL 32904	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	D	<input checked="" type="checkbox"/> DELETE	2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRITT, DONALD J.		2.2 NAME		
STREET ADDRESS	6619 FLAMINGO RD.		2.3 STREET ADDRESS		
CITY-ST-ZIP	WEST MELBOURNE FL		2.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	ST	<input type="checkbox"/> DELETE	3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRITT, EVELYN B.		3.2 NAME		
STREET ADDRESS	6619 FLAMINGO RD.		3.3 STREET ADDRESS		
CITY-ST-ZIP	WEST MELBOURNE FL		3.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> DELETE	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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> DELETE	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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> DELETE	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 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: *Evelyn B. Britt, President*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/25/96 (907) 725-7057

DATE

Daytime Phone #

CR2E034 (12/95)