

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

FILED  
Mar 09 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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 Mailing Address  
6619 FLAMINGO RD.  
W. MELBOURNE FL 32904  
US  
6619 FLAMINGO RD.  
W. MELBOURNE FL 32904  
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 618 Sheridan Woods Dr		26 618 Sheridan Woods Dr.		04/27/1987	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-2807783	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23 W. Melbourne, FL		28 W. Melbourne, FL		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
24 32904		29 32904		30 Brevard	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BRITT, EVELYN B  
6619 FLAMINGO RD  
W MELBOURNE FL 32904

81 Name	Same
82 Street Address (P.O. Box Number is Not Acceptable)	618 Sheridan Woods Dr.
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

Evelyn B. Britt

3/3/98

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	PVST <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRITT, EVELYN B	1.2 NAME	
STREET ADDRESS	<del>6619 FLAMINGO RD.</del>	1.3 STREET ADDRESS	618 Sheridan Woods Dr.
CITY-ST-ZIP	W MELBOURNE FL	1.4 CITY-ST-ZIP	W. Melbourne, FL 32904
TITLE	ST <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRITT, EVELYN B.	2.2 NAME	
STREET ADDRESS	<del>6619 FLAMINGO RD.</del>	2.3 STREET ADDRESS	618 Sheridan Woods Dr.
CITY-ST-ZIP	WEST MELBOURNE FL	2.4 CITY-ST-ZIP	W. Melbourne, FL 32904
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
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	
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	
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 hereby 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 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.

Evelyn B. Britt, President / Evelyn B. Britt 3/3/98 4/27/98-752

CR2E034 (10/97)