

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 # **L78402** (9)

1. Corporation Name

BREED AUTOMOTIVE OF FLORIDA, INC.



Principal Place of Business

**5300 OLD TAMPA HWY
LAKELAND FL 33811
US**

Mailing Address

**5300 OLD TAMPA HIGHWAY
LAKELAND FL 33811
US**

3. Date Incorporated or Qualified
06/07/1990

3a. Date of Last Report
04/11/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-3014427

Applied For

Not Applicable

22

Suite, Apt. #, etc.

27

Suite, Apt. #, etc.

23

City & State

28

City & State

24

Zip

25

Country

29

Zip

30

Country

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

**\$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

**BOYD, STUART D ESO
5300 OLD TAMPA HWY
LAKELAND FL 33811**

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 reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **P BREED, ALLEN**
STREET ADDRESS **5300 OLD TAMPA HIGHWAY**
CITY-ST-ZIP **LAKELAND FL**

TITLE ☐ DELETE

NAME **SPERANZELLA, CHRALES J JR**
STREET ADDRESS **5300 OLD TAMPA HWY.**
CITY-ST-ZIP **LAKELAND FL**

TITLE ☐ DELETE

NAME **SCHAUFFERT, ARTHUR R JR**
STREET ADDRESS **5300 OLD TAMPA HWY**
CITY-ST-ZIP **LAKELAND FL**

TITLE ☐ DELETE

NAME **D BREED, JOHNNIE C**
STREET ADDRESS **5300 OLD TAMPA HWY.**
CITY-ST-ZIP **LAKELAND FL**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

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

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

Secretary

☒

Change Addition

**Assistant Secretary
Stuart D. Boyd
5300 Old Tampa Hwy
Lakeland, FL 33811**

☐

Change Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APRIL 1, 1996

DATE

941-668-6389

PHONE NUMBER

CR2E034 (12/95)