FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAY -1 AM 11:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N39734** (1)

1. Corporation Name
BREVARD AUTO BODY ASSOCIATION, INC.

Principal Place of Business	Mailing Address
P.O. BOX 561045 ROCKLEDGE FL 32956-8045	P.O. BOX 561045 ROCKLEDGE FL 32956-8045

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/27/1990
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-3057911 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business 21	2a. Mailing Address 26	5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
City & State 23	City & State 28	7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — $68.75 Supplemental Fee Not Required
Zip 24 / Country 25	Zip 29 / Country 30	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

REBON, MARY
1750 S HUNTINGTON LN
BOX 561045
ROCKLEDGE FL 32955

10. Name and Address of New Registered Agent

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE	PD	☒ Change ☐ Addition
NAME	JOE FOWLER	12 NAME	Joe Fowler	
STREET ADDRESS	1350 S. HOPKINS AVE.	13 STREET ADDRESS	1350 S. Hopkins Ave.	
CITY-ST-ZIP	TITUSVILLE FL	14 CITY-ST-ZIP	Titusville FL	
TITLE	STD	21 TITLE		☐ Change ☐ Addition
NAME	REBON, MARY	22 NAME		
STREET ADDRESS	880 S APOLLO BLVD	23 STREET ADDRESS		
CITY-ST-ZIP	MELBOURNE FL	24 CITY-ST-ZIP		
TITLE	PD	31 TITLE	D	☒ Change ☐ Addition
NAME	SHARPE, EVERETTE	32 NAME	Everette Sharpe	
STREET ADDRESS	1750 S HUNTINGTON LANE	33 STREET ADDRESS	1750 S. Huntington Lane	
CITY-ST-ZIP	ROCKLEDGE FL	34 CITY-ST-ZIP	Rockledge, FL	
TITLE	VD	41 TITLE	VD	☒ Change ☐ Addition
NAME	SHARPE, WILLIAM	42 NAME	Mike Rhinehart	
STREET ADDRESS	7731 INDUSTRIAL ST	43 STREET ADDRESS	1850 E. Merritt Island Cswy	
CITY-ST-ZIP	W MELBOURNE FL	44 CITY-ST-ZIP	Merritt Island, FL	
TITLE	D	51 TITLE	D	☒ Change ☐ Addition
NAME	BERARDELLI, AL	52 NAME	Clint Barrelle	
STREET ADDRESS	624 CLEARLAKE RD	53 STREET ADDRESS	809 N. Cocoa Blvd.	
CITY-ST-ZIP	COCOA FL	54 CITY-ST-ZIP	Cocoa FL	
TITLE	D	61 TITLE	D	☒ Change ☐ Addition
NAME	DUMMER, PHIL	62 NAME	Dave Mitchum	
STREET ADDRESS	815 WASHBURN RD	63 STREET ADDRESS	1026 So. Hopkins Ave	
CITY-ST-ZIP	MELBOURNE FL	64 CITY-ST-ZIP	Titusville, FL	

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)(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Mary E. Rebon Mary E. Rebon, STD 4-26-95 1/800/727-8712
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0036888