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Mar 06 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N39734 (1)

1. Corporation Name

BREVARD AUTO BODY ASSOCIATION, INC.



Principal Place of Business

Mailing Address

P.O. BOX 561045
ROCKLEDGE FL 32956-8045P.O. BOX 561045
ROCKLEDGE FL 32956-10453. Date Incorporated or Qualified
08/27/19903a. Date of Last Report
03/05/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~SPRINK, TERESA J.
1750 S HUNTINGTON LANE
BOX 561045
ROCKLEDGE FL 32955~~81 Name Everette Sharpe, Sr.
82 Street Address (P.O. Box Number is Not Acceptable)
1750 S. HUNTINGTON LN.
83 P.O. Box 561045
84 City Rockledge, FL 32955 FL 85 Zip Code 32955

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Everette D. Sharpe, Sr.2/27/97

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	PD	<input type="checkbox"/> DELETE
NAME	RINEHART, MIKE	
STREET ADDRESS	1850 E MERRITT ISLAND CSWY	
CITY - ST - ZIP	MERRITT ISLAND FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	SPRINK, TERESA	
STREET ADDRESS	1750 S HUNTINGTON LANE	
CITY - ST - ZIP	ROCKLEDGE FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	ELLIOTT, LARRY	
STREET ADDRESS	1360 W KING ST	
CITY - ST - ZIP	COCOA FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	SHARPE, EVERETTE SR	
STREET ADDRESS	1750 S HUNTINGTON LANE	
CITY - ST - ZIP	ROCKLEDGE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	FOWLER, JOE	
STREET ADDRESS	1350 S HOPKINS AVE	
CITY - ST - ZIP	TITUSVILLE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WILLIAMS, J.W.	
STREET ADDRESS	815 WASHBURN ROAD	
CITY - ST - ZIP	MELBOURNE FL	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	same
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Owen Anderson
2.3 STREET ADDRESS	1350 S. Washington Ave.
2.4 CITY - ST - ZIP	Titusville, FL 32780
3.1 TITLE	Vice Pres. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Dave Mitchum
3.3 STREET ADDRESS	1128 S. Hopkins Ave.
3.4 CITY - ST - ZIP	Titusville, FL 32780
4.1 TITLE	Treasurer/Secretary <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Joe Fowler, Sr.
5.3 STREET ADDRESS	1350 S Hopkins Ave
5.4 CITY - ST - ZIP	Titusville, FL 32780
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	same
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

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

SIGNATURE:

Everette D. Sharpe, Sr.2/27/97 407 632 2711

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 00000000

CR2E037 (9/96)