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Apr 24 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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

2. Principal Place of Business

2a. Mailing Address

21 7731 Industrial St.

26 7731 Industrial St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 W. Melbourne FL

28 W. Melbourne FL

Zip

Country

Zip

Country

24 32904

25 U.S.A.

29 32904

30 U.S.A.

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

08/27/1990

4. FEI Number

59-3057911

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

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year intangible
Personal Property Tax due June 30.

☐ Yes ☒ No EXEMPT

10. Name and Address of New Registered Agent

SHARPE SR, EVERETTE
1750 S HUNTINGTON LANE
PO BOX 561045
ROCKLEDGE FL 32955

81 Name

Lisa A. Luke

82 Street Address (P.O. Box Number is Not Acceptable)

7731 Industrial Street

83

84 City

W. Melbourne

FL

85 Zip Code

32904

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 *Lisa A. Luke*

Lisa A. Luke

DATE 01-28-98

(Signature typed or printed name of registered agent and title if applicable.)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	PD <input type="checkbox"/> DELETE
NAME	FINEHART, MIKE
STREET ADDRESS	1850 E MERRITT ISLAND CSWY
CITY-ST-ZIP	MERRITT ISLAND FL
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	ANDERSON, OWEN
STREET ADDRESS	1350 S WASHINGTON AVE
CITY-ST-ZIP	TITUSVILLE FL
TITLE	VP <input checked="" type="checkbox"/> DELETE
NAME	MITCHUM, DAVE
STREET ADDRESS	1128 S HOPKINS AVE
CITY-ST-ZIP	TITUSVILLE FL
TITLE	TS <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 SR, JOE
STREET ADDRESS	1350 S HOPKINS AVE
CITY-ST-ZIP	TITUSVILLE FL
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	WILLIAMS, J.W.
STREET ADDRESS	815 WASHBURN ROAD
CITY-ST-ZIP	MELBOURNE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	NICK PRAVENZANO
2.3 STREET ADDRESS	2800 W. KING ST.
2.4 CITY-ST-ZIP	COCOA, FL 32926
3.1 TITLE	S <input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	LISA LUKE
3.3 STREET ADDRESS	7731 INDUSTRIAL STREET
3.4 CITY-ST-ZIP	W. MELBOURNE, FL 32904
4.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	BILL SHARPE
5.3 STREET ADDRESS	7731 INDUSTRIAL ST.
5.4 CITY-ST-ZIP	W. MELBOURNE, FL 32904
6.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	JIM DAVIS
6.3 STREET ADDRESS	510 E. NASA BVD.
6.4 CITY-ST-ZIP	MELBOURNE, FL 32901

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

SIGNATURE: *Lisa A. Luke* *Lisa A. Luke*

01-28-98

407 727 1922

CP2E037 (10/97)