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CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

P92000005805 (6) DOCUMENT # 1. Corporation Name CERTIFIED AUTOBODY OF BREVARD, INC. Mailing Address Principal Place of Business 3350 DIXIE HWY NE US 1 3350 DIXIE HWY NE US 1 PALM BAY FL 32905 PALM BAY FL 32905 3a. Date of Last Report 3. Date incorporated or Qualified 01/19/1995 12/01/1992 Applied For 4. FEI Number 2a. Mailing Address 2. Principal Place of Business 59-3154739 Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired Suite, Apt. #, etc. Fee Required 22 \$5.00 May Be 6. Election Campaign Financing City & State City & State Added to Fees Trust Fund Contribution 28 23 8. This corporation has liability for intangible tax under s 199.032, Zip Country Florida Statutes ☐ Yes ☐ No 30 29 25 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Street Address (P.O. Box Number is Not Acceptable) ORTNER, GARY N 3350 DIXIE HWY NE US 1 **B3** PALM BAY FL 32905 Zip Code 85 84 City 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. (NOTE: Registered Agent aignature required when reinstating) ature, types or printed name of registered agent and title 1 applicable CR2E034 (12/95) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. Change 12. DELETE 1.1 TITLE 1.2 NAME 393 HIAWATHA WAY ORTNER, GARY N NAME 344 NIKOMAS WAY 1.3 STREET ADDRESS STREET ACCORESS MELBOURNEBEACH FL. 3295 MELBOURNE BEACH FL 14 CITY-ST-ZIP CITY - ST-7IP Addition DELETE 2 1 TITLE ٧S Tille 22 NAME ORTNER, CAROL A NAME WAY 393 HIAWATHA 2 3 STREET ADDRESS 344 NIKOMAS WAY MELBOUENE BEACH FL 32951 STREET ADDRESS 24 CITY-ST-ZIP MELBOURNE BCH FL CITY-ST-ZIP ■ Addition DELETE 3 1 Hh F TIFLE 32 NAME NAME 3.3 STREET ADDRESS STHEEL ADDRESS 34 CITY-ST-ZIF CITY-5" 712 ☐ Change DELETE 4 1 TITLE 10.5 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP 011Y-S1-7P Change ☐ Addition DELFTE 5 1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CiTY-ST-ZIP $01^{\circ}Y\cdot S^{\circ}\cdot ZI^{\circ}$ ☐ Change Addition DELETE 6 1 TITLE Tillet

6.2 NAME

6.3 STREET ADDRESS

6 4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

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 applied report is true and accurate and that my signature shall have the same legal effect as if made under coath; that I am an officer or director of the corporation or the recorder or trusted employeered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if an image, with an acquiress. 1-12-96 407-768-2605