

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # P93000062236 (3)

1. Corporation Name

AUTO-TECH OF BREVARD INCORPORATED

Principal Place of Business

**230 POMSETT DRIVE
COCOA FL**

Mailing Address

**230 POMSETT DRIVE
COCOA FL**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **08/27/1993** 3a. Date of Last Report **02/03/1994**

4. FEI Number **59-3198436** 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**

8. This corporation has liability for intangible tax under Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

21 State Apt. #, etc.

22 City & State

23

24

2a. Mailing Address

26 State Apt. #, etc.

27 City & State

28

29

30

9. Name and Address of Current Registered Agent

**ANDERSON, J. PATRICK
830 S HARBOR CITY BLVD
SUITE 505
MELBOURNE FL 32901**

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 607.1506, 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 Sections 607.0505, Florida Statutes.

SIGNATURE

Agent (Agent is not required to sign this statement)

12. Any New Agent (Agent is not required to sign this statement)

13.

12. OFFICERS AND DIRECTORS

12a

NAME

STREET ADDRESS

CITY, ST, ZIP

**EVD
KLENCK, JEROME W SR
96 KATHERINE BLVD
W MELBOURNE FL**

12b

NAME

STREET ADDRESS

CITY, ST, ZIP

**D
MOSER, SUSAN B
2653 ELLIOTT WAY, #6
MELBOURNE FL**

12c

NAME

STREET ADDRESS

CITY, ST, ZIP

**D
STARKEY, LOIS A
2700 PENNSYLVANIA AVE
W MELBOURNE FL 32904**

12d

NAME

STREET ADDRESS

CITY, ST, ZIP

**P
KLENCK, MARK A
272 GODFREY ROAD SE
PALM BAY FL**

12e

NAME

STREET ADDRESS

CITY, ST, ZIP

12f

NAME

STREET ADDRESS

CITY, ST, ZIP

13a

NAME

STREET ADDRESS

CITY, ST, ZIP

**VD
Klenck, Jerome W., Sr.
96 Katherine Blvd.
W. Melbourne, FL 32904**

13b

NAME

STREET ADDRESS

CITY, ST, ZIP

**DST
Moser, Susan B.
2653 Elliott Way, #6
Melbourne, FL**

13c

NAME

STREET ADDRESS

CITY, ST, ZIP

13d

NAME

STREET ADDRESS

CITY, ST, ZIP

13e

NAME

STREET ADDRESS

CITY, ST, ZIP

13f

NAME

STREET ADDRESS

CITY, ST, ZIP

**D
Klenck, Jessica
96 Katherine Blvd.
W. Melbourne, 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 Rule 11.02(c)(1), 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:

Jerome W. Klenck Sr. EVD
JEROME W KLENCK SR

1 MAY 95

407-638-3230