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FILED
Feb 22, 1999 8:00 am
Secretary of State

02-22-1999 90114 016 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P93000062236

1. Corporation Name

AUTO-TECH OF BREVARD INCORPORATED

Principal Place of Business

230 POINSETT DRIVE
COCOA FL 32922
US

Mailing Address

230 POINSETT DRIVE
COCOA FL

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/27/1993

4. FEI Number

59-3198436

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

**ANDERSON, J. PATRICK
930 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 607.1508, 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

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

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

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

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**D
MOSER, EDWARD
1027 CROMEY RD NE
PALM BAY FL**

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

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

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**D
KLENCK, JESSICA
96 KATHERINE BLVD
W. MELBOURNE FL**

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**D
KLENCK, JEROME W. JR
1027 CROMEY RD NE
PALM BAY FL**

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

**Director
Klenck, Jr.**

☐ Change

☒ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

**Director
Richards, Susan
109 Tudor Road S.W.
Palm Bay FL 32908**

☐ Change

☒ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

☐ Change

☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change

☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change

☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change

☐ Addition

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Jerome W. Klenck Jr.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7 JAN 99

Date

407 639 3230

Daytime Phone #

CR2E034 (11/98)